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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 14905

Registrar's No. 366

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 533 W. Central (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20 years years, months or days) 120

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits write "RURAL")

(d) Street No. 533 W. Central (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALONZO H. HART

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Hart

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 22 (Day) 1863 (Year)

8. AGE: Years 76 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Sullivan Co. (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Andrew Hart
13. Birthplace (City, town, or country) Ind. (State or foreign country)

MOTHER
14. Maiden name Emma Mattox
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Tom Hutchings

(b) Address 533 W. Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director F. C. Thieme

(b) Address Springfield, Mo.

19. (a) 4-17-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1940 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from Feb 1 1940, 19__, to April 15, 1940 that I last saw him alive on Feb 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Arteriosclerosis~~ Myocarditis, Chr	4 yrs
Due to Arteriosclerosis	
Due to (or Arteriosclerotic heart)	
Other conditions Disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

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While at work? (e) Means of injury

23. Signature Guy D Callaway (M. D. or other) 1

Address Springfield Mo Date signed 4/17/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. R H Thieme

Licensed Embalmer No. 3681

P. O. Address. Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X