

JAN 25 1941 398

Registrar's No. **314**

Registration District No. **398**

Primary Registration District No. **3514**

1. PLACE OF DEATH

(a) County **Jackson Blue Hill**  
(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1481 West Alton**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) **3**

3. (a) PRINT FULL NAME **Henry W. Hart**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or hair **White** 6. (a) Single, widowed, married **Widowed**

6. (b) Name of husband or wife **Carrie Hart** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 30 - 1859**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Monroe Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Hart**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Doctor**  
15. Birthplace **Shelby Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard Hart**

(b) Address **2249 Scott Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 18 1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Norvely Missouri**

18. (a) Signature of funeral director **George Carson**

(b) Address **Independence Mo**

19. (a) **Dec 17 40** (b) **F. L. Cook M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2429 Scott Ave**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16**  
year **1940** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 20, 1940** to **Dec 16, 1940**  
that I last saw him alive on **Dec 16, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the rectum** Duration **1 year**

Due to \_\_\_\_\_  
Due to **H/V**

Other conditions **age**  
(Include pregnancy within 6 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **none**  
Underlines 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?  
**360** (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature **J. N. Hill, M.D.** (M. D. or other) **12/17/40**  
Address **1438 Hedger Ave Independence Mo** Date signed

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

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