

Registration District No. **231**

Primary Registration District No. **4141**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **Steelville Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **about 15 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Julia Alice Hart.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **William B. Hart** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **7 24 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Crawford Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas Jefferson Phillips**

13. Birthplace **Fidelity Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Adaline Watts**

15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **William B. Hart**

(b) Address **Steelville Mo**

17. (a) **Buried** (b) Date thereof **3-13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Steelville cemetery**

18. (a) Signature of funeral director **L. J. Janas**

(b) Address **Steelville Mo**

19. (a) **4-7-41** (b) **Phillips**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Crawford**

(c) City or town **Steelville**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **12** year **1941** hour **12:30** minute **2** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**40** to **March 12** 19**41**;
that I last saw **her** alive on **March 1** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**
Myocardial degeneration of
heart

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature **R. G. Parker** (M. D. or other) **D**
Address **Steelville Mo** Date signed **3-15-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 441542

Date Filed

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

W. E. Embalming

Registered Apprentice No. 2379

working under my personal supervision.

Signed

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville Mo.

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.