

STANDARD CERTIFICATE OF DEATH

State File No. 16061
Registrar's No. 20.

Registration District No. 840 Primary Registration District No. 6102

1. PLACE OF DEATH:
(a) County Stoddard, Mo.
(b) City or town Puxico, Mo.
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Puxico Rural
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME NANCY S. HARTY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex FEMALE 5. Color or race White
6. (b) Name of husband James Hart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 27 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13 year 1941 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from Jan 1, 1941, to Apr 13, 1941; that I last saw her alive on Apr 1, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 86 10 16 hr. _____ min. _____
9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

Immediate cause of death arterio sclerosis
old age
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations
Of autopsy no

10. Usual occupation Housewife
11. Industry or business _____
12. Name Geo. Bryant
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Betsy Bryant
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature A. A. Carter
(b) Address Puxico, Mo.
17. (a) Burial (b) Date thereof April 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Hill Cem.
18. (a) Signature of funeral director Watkins' Fun. Serv.
(b) Address Puxico, Mo.
19. (a) 4-15-41 (b) Demaris Dyant
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature E. W. Elwood (M. D. or other) _____
Address Puxico, Mo. Date signed _____

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 541-580

Date filed 5/8/41

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.....

Virgil H. Kelch....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Dexter - 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.