

Registration District No. 318

Primary Registration District No. 2001

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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Bertha Hart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife A. H. Hart 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased October 27, 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace London, England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Thomas Hutchings

13. Birthplace Unknown, England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Denby

15. Birthplace Unknown, England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. G. H. Marzetti

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer General Home  
(b) Address Springfield, Missouri

19. (a) 9-18-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 533 W. Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th  
year 1941 hour 5:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 8-28  
1941, to 9-16, 1941  
that I last saw her alive on 9-16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic + arterio sclerosis and nephritis, chronic  
Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Signature Mary Jean Atherton (M. D. or other) \_\_\_\_\_  
Address 333 G. Mc Round Date signed 9-19-41

**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.....

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

..... working under my personal supervision.

Signed.....

*Lewis G. Schuff*

Licensed Embalmer No.....

*3802*

P. O. Address.....

*Springfield, 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, fact should be so stated above.**

X