

Registration District No. 1582

Primary Registration District No. 152-46

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Mtn View Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1941 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from 9-22-41
1941 to 9-23-41 1941
that I last saw him alive on 9-22-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Angina Pectoris
arterio sclerosis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Luther Hart

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

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

6. (b) Name of husband or wife Jesse Hart 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 23 1941
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 7 If less than one day hr. _____ min.

9. Birthplace Mansfield Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation railroader

11. Industry or business _____

MOTHER FATHER
12. Name John Hart
13. Birthplace Okla
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Hart
(b) Address Mountain View, Mo.

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mansfield Ark.

18. (a) Signature of funeral director John F. Armean
(b) Address Mtn View Mo.

19. (a) _____ (b) J. W. W. [Signature]
(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 _____
23. Signature C. B. Terrell (M. D. or other) D
Address Mtn View Mo. Date signed Sept 24

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

00

3189

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 Joe R. Amean, Registered Apprentice No. 301 working under my personal supervision.

Signed

John J. Amean
Licensed Embalmer No. 2516

P. O. Address Mtn View W

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.