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FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34129

State File No. \_\_\_\_\_

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 306

1. PLACE OF DEATH: Adair  
 (a) County Adair  
 (b) City or town Kirksville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Community Nursing Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Adair  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Greentop Rural  
 (If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laurence Mackoy Hart.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Katherine Hart 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased July 6 1887  
 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Richard Walker Hart  
 13. Birthplace Adair Co Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Marian Mackoy  
 15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Hart

(b) Address Greentop Mo. R.F.D.

17. (a) burial (b) Date thereof 11-1-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Madison Cemt.

18. (a) Signature of funeral director Berkley

(b) Address Kirksville Mo

19. (a) Nov 7/41 (b) Spencer L. Freeman  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
 year 1941 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 11 1941  
 to Oct 29 1941

that I last saw him alive on Oct 29 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory pneumonia Duration 2 days  
from fall 3 mos.  
 Due to Compression of spinal cord  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_

Major findings: Of operations ✓ Of autopsy ✓  
 10/16/41  
 15

PHYSICIAN  
 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) Accident

(b) Date of occurrence July 11, 1941

(c) Where did injury occur? Adair Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm

While at work? Yes (Specify type of place) (e) Means of injury fall from tree

23. Signature M. T. Hutenshu (M.D. or other) DO

Address Kirksville, Mo Date signed Nov 7, 1941

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-1997

Date Filed NOV 13 1941

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 Dee Reilly

Licensed Embalmer No. 4181

P. O. Address Herkules 40

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.