

JAN 6 1942

Registration District No. 105

Primary Registration District No. 5154

Registrar's No. 29

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural - St. Aubert
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R # 6 Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community: County Infirmary _____ (Specify whether _____)
years, months or days about 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 6 Fulton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Callaway Co

3. (a) PRINT FULL NAME GEORGE HART
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 7
year 1941 hour 11 minute 40 AM
21. I hereby certify that I attended the deceased from 11-20
1941 to 12-7 1941
that I last saw him alive on 12-7
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Jinoba Hart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year) 1981

Immediate cause of death Pulmonary Tuberculosis
Duration Several years

8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

9. Birthplace Holt Summit (City, town, or county) Mo (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
1381

10. Usual occupation Laborer

11. Industry or business Farmer

12. Name Don't know

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

14. Maiden name " " " (City, town, or county) " " " (State or foreign country)

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

16. (a) Informant G. G. Houchins

(b) Address R # 6 Fulton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director James Hume

(b) Address 700 Jefferson

19. (a) 12-7-41 (Date received local registrar) (b) R. W. Williamson (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 W. D. Payne (M. D. or other) _____
Address R # 6 Fulton Date signed _____

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

400

MOTHER FATHER

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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City, 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.