

FILED FEB 20 1942

Registration District No.

Primary Registration District No. 5759A

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller  
 (b) City or town Eugene rural, Jew Henry  
 (c) Name of hospital or institution: 1  
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller  
 (c) City or town Eugene 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 HIRAM TOIVER HART

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Melinda Hart 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 22 1856  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 19 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mount Pleasant Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Hiram Hart  
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
 14. Maiden name HART  
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Hart  
 (b) Address Eugene, Mo.

17. (a) Burial (b) Date thereof 1-11-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mary's Home

18. (a) Signature of funeral director Philips Funeral Home

(b) Address 2020 E. Colan, Mo.

19. (a) Jan 10, 1942 (b) H. C. Wright  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
 year 1942 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1  
1942 to Jan 9, 1942

that I last saw him alive on Jan 7, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 1 Week

Due to Hyperbolic Pneumonia, Cystitis 18 years  
Tubercular epididimitis 14 years

Due to \_\_\_\_\_

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

Major findings:  
 Of operations 20

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 2

23. Signature M. E. Humphreys (M. D. or other Dr.)

Address Jacumb, Mo. Date signed 1-10-42

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

600

071

RECEIVED  
Miller County Health Dep't.  
County File Number 42-13  
Date Filed 2/12/42

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.....

*Louis D. Phelps*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Louis D. Phelps*

Licensed Embalmer No. 5663

P. O. Address Bellevue

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.