S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15775

Registration District No. 638 — Primary Registration District No. 6098B. — Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Gray Ridge, Mo. Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Missouri (b) County Stoddard
(c) City or town Gray Ridge, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Jackson, Hart,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 13, 1857, (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	5	6	hr. min.

9. Birthplace Hamilton Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Alexander Hart
13. Birthplace , D.K. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name , , , , D.K.
15. Birthplace , , , , D.K. (City, town, or county) (State or foreign country)
16. (a) Informant Dewey Hart
(b) Address Essex, Mo. R. 2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 22, 42. (Month) (Day) (Year)
(c) Place: burial or cremation Old Bethel Dexter, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 3-21-42 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 6 minute P M.
21. I hereby certify that I attended the deceased from 3-18-, 1942 to 3-19, 1942
that I last saw him alive on 3-19-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Right Jaw.	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

45d

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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature Frank LaRue (M. D. or other) MD
Address Dexter Mo Date signed 3/21/42

1034

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-000
Date Filed 4-13-42

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.....

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

working under my personal supervision.

Signed B. J. Brentlinger

Licensed Embalmer No. 4261

P. O. Address Dexter, 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.