

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 374

Primary Registration District No. 6273

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural (Grant City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1st St. Hospital
(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

3. (a) PRINT FULL NAME IDA MAE DEHART

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 Married
6. (b) Name of husband or wife Richard DeHart 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 30 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Kassar
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Beach
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Richard DeHart
(b) Address Albion, Mo.

17. (a) Burial (b) Date thereof 7-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director Arch C. Dwyer
(b) Address Grant City, Mo.

19. (a) July 30, 1942 (b) Arline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Rural (Grant City)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 25 1942 to July 28 1942

that I last saw her alive on July 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Acute Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations _____

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 _____

23. Signature Arline Scadden (M.D. or other) _____
Address Grant City Date signed 7-31-42

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

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.....

Arch C. Duffee

Licensed Embalmer No.

3252

P. O. Address.....

Grant 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.