

Registration District No. 138

Primary Registration District No. 5526

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Highery  
(b) City or town Starks Rural  
(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 1 day  
In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Highery  
(c) City or town Starks - Rural  
(d) Street No. ....  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Mary Ellis May Hart

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

4. Sex fm 5. Color or race wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive, 30 years

7. Birth date of deceased Oct 30 1912  
(Month) (Day) (Year)

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

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

10. Usual occupation .....

11. Industry or business .....

12. Name Edgar Hart

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

14. Maiden name Marie Miller

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

16. (a) Informant Rescue Hart  
(b) Address Preston Mo

17. (a) burial (b) Date thereof 10/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCain Cemetery  
18. (a) Signature of funeral director Family in chg  
(b) Address 6

19. (a) Oct 29 1942 (b) Mary E. Hart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day second  
year 1942 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from October 1st to Oct 2, 1942.  
that I last saw him alive on October 1st, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death epilepsy - cardiac

Due to heredity

Due to .....

Other conditions (include pregnancy within 3 months of death) .....

Major findings: Of operations ..... Of autopsy .....

Duration

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 C. D. Bailey (M. D. or other) Mo  
Address Hermitage Date signed Oct 4

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1146

Date Filed 11-5-42

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**