

FILED NOV 9, 1942

State File No.

Registration District No. 263

Primary Registration District No. 3888

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural Big Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 yr.
(Specify whether years, months or days)
In this community 1 yr.

3. (a) PRINT Hepsie Eveline Hart
FULL NAME

3. (b) If veteran, name war --- 3. (c) Social Security No. ---
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Harm Hart 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased May 31 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 1 hr. min.

9. Birthplace Thornfield, Mo.
(City, town, or county) (State or foreign country)
House wife

10. Usual occupation House wife

11. Industry or business ---

12. Name Robert Griffith
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Katheryn Louis
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert B. Hart
(b) Address Bakersfield, Mo.
17. (a) Burial (b) Date thereof 10, 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nick's Cem.

18. (a) Signature of funeral director H. E. Marler
(b) Address Gainesville, Mo.
19. (a) 10-10-1942 (b) Mary F. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Same as death (b) County 8
(c) City or town Death (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 October day 2
year 1942 hour one minute 30 a.m.
21. I hereby certify that I attended the deceased from August 15, 1940, to October 2, 1942
that I last saw her alive on October 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia and myocardial insufficiency
Due to Pulmonary Tuberculosis 2 years
at least.

Due to 13 ft
Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations --- Of autopsy ---
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 M. E. Haerman (M. D. or other) D.O.
Address Gainesville, Mo. Date signed 10/3/42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1549

Date Filed NOV 5 1942

DEC 1 1942

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.....

Denver Roller

Licensed Embalmer No.

4006

P. O. Address.....

219, 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.