

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

FILED JUN 17 1943  
Registration District No. 737

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
300 N Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry  
(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 300 N Washington st  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME SOPHONIA E. GEHART

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Harvey 6. (c) Age of husband or wife if alive 16 years  
7. Birth date of deceased APRIL 16 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1943 hour 11 minute PM

21. I hereby certify that I attended the deceased from Aug 25, 1941 to May 27, 1943  
that I last saw her alive on May 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration immediate

8. AGE: Years 70 Months 1 Days 11 If less than one day br. min.

9. Birthplace Petersburg Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business

MOTHER FATHER { 12. Name Barney B Treanary  
13. Birthplace Perry co Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Judy Cogdal  
15. Birthplace Louisville Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Harve Gehart  
(b) Address Clinton mo  
17. (a) Burial (b) Date thereof 5/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director Consuelto P...  
(b) Address Clinton mo  
19. (a) May 28, 1943 Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

Due to 61  
Due to  
Other conditions (Include pregnancy within 3 months of death) Chronic Diabetes  
Major findings: Of operations  
Of autopsy

Duration immediate  
15 years  
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 Dr. R. S. Hattingsford (M. D. or other) W. P.  
Address Clinton Missouri Date signed 5/28/43

1067

RECEIVED

District Health Office No. 7d  
5-43-551  
District File Number ~~7-17-43~~  
Date Filed ~~6-17-55~~

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 J. E. Conner  
Licensed Embalmer No. 1891  
P. O. Address Clinton, 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.