S. No. 2
M—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24791

State File No. .....

FILED AUG 4 1943

Registration District No. 4-1-16 Primary Registration District No. 53-41-532 Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Dallas
(b) City or town: Turis Stanton Tw (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 ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dallas
(c) City or town: Turis (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: 0

3. (a) PRINT FULL NAME: Rebecca Catherine Hart
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: John Harrison Hart
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 14 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: Monroe County (City, town, or county) Ind. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
FATHER
12. Name: Isaac Taylor Griffith
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary A. Young
15. Birthplace: Ind. (City, town, or county) (State or foreign country)
16. (a) Informant: L. C. Hart
(b) Address: Turis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell Cemetery
18. (a) Signature of funeral director: Vaughan & Reser
(b) Address: Warrenton, Mo.
19. (a) 6/23/43 (Date received local registrar) (b) Helen R. Barns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from June 15 1943 to June 20 1943 that I last saw her alive on June 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of mouth — Duration 3 yrs
Due to: .....
Due to: .....
Other conditions: — (Include pregnancy within 3 months of death)
Major findings: Of operations: 45C
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: [illegible] (M. D. or other)
Address: Bethany Mo. Date signed: 6/21/43

1089 (Licensed Embalmer's Statement on Reverse Side)

C O Gammon

RECEIVED
District Health Officer No. 7,
District File Number 7-43-758
Date Filed 8-6-43

1943

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. 3053

P. O. Address Warsaw 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.