

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

FILED AUG 13 1943

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs
(Specify whether)

In this community —
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis ⁹⁶

(c) City or town Highwood ⁴
(If outside city or town limits, write "RURAL") ³

(d) Street No. 227 Elm St
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Thomas V. Hart

3. (b) If veteran, name war 2 -

3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 18 Months — Days —

If less than one day — hr. — min.

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

10. Usual occupation not employed

11. Industry or business to get animal 2-3-43

12. Name Thomas J. Hart ⁹

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ⁹

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Patrol

(b) Address Leis Summit mo

17. (a) removal (b) Date thereof 8-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis mo

18. (a) Signature of funeral director N.B. Langford

(b) Address Leis Summit mo

19. (a) Aug 1, 1943 (b) F.M. Schick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 43 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from — to —, 19—;
that I last saw him — alive on —, 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull.

Due to Automobile Traumatism

Due to —

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

Major findings —
Of operations —

Of autopsy See report

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide 048

(b) Date of occurrence 8/1/43

(c) Where did injury occur? Jackson Co mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
—

While at work? no (Specify type of place) Full time
(M, D, or other)

23. Signature — Date 8/1/43

Address — Date assigned —

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 N. B. Langford
Licensed Embalmer No. 3833
P. O. Address 215 Summit

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.