

S. No. 2
M-2.43
5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34167

State File No. _____

Registrar's No. 1182

FILED NOV 9 1943 2
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 minutes
(Specify whether years, months or days)

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1127 Highly
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MABELLE DIXON HARTS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race negro

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

6. (b) Name of husband or wife Alfred D. Harts

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 6 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>6</u>	<u>17</u>	<u>br.</u> <u>min.</u>

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Dixon

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

{ 14. Maiden name Rose Makle

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

16. (a) Informant Mr. Alfred D. Harts

(b) Address 1127 Highly St Joseph Mo

17. (a) burial (b) Date thereof 10/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland cemetery

18. (a) Signature of funeral director Heater Betts + Bowman

(b) Address 319 South 10th Street

19. (a) 10/25/43 (b) Rose Hezoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1943 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 17
1943 to Oct 23 1943
that I last saw her alive on Oct 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to ✓

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 Walter H. ... (M. D. or other) MD

Address W. H. ... Date signed 10/25/43

1233

Dr. G. A. Luce
Mich. L.S.D.

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 Emmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph Me

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.