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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34480

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 220

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 821-E-Elm 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 821 E. Elm st 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Zenobia White Hart

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

3. (c) Social Security No. .....

4. Sex female

5. Color or race negro 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 4 (Month) – 4 (Day) – 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	16	..... hr. ..... min.

9. Birthplace Calaway co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business — —

FATHER
12. Name Rube White
13. Birthplace Calaway co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Childs
15. Birthplace Calaway co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mary Hart-Johnson

(b) Address 4066 Enright Apt 5 St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26-43 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director L. D. Hardiman

(b) Address 418 N. Osage Sedalia Mo.

19. (a) 10-23-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st year 1943 hour + minute 1:45 P.M.

21. I hereby certify that I attended the deceased from Oct. 21 1943, to 10-21 1943 that I last saw her alive on 10-21 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3:45 min
Due to	
Due to	
Other conditions General debility (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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)

(e) While at work? — (e) Means of injury —

23. Signature R. L. Richardson (M. D. or other)

Address Jefferson City Date signed 10-22-43

(Licensed Embalmer's Statement on Reverse Side)

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. L. A. Anderson

Licensed Embalmer No. 3641

P. O. Address. Juneau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.).

If this body is not embalmed, fact should be so stated above.