

FILED APR 13 1944

Registration District No. _____

Primary Registration District No. 505E

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 973 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County LaClède
 (c) City or town Phillipsburg
(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 _____

3. (a) PRINT FULL NAME Charles Harden Hughart

3. (b) If veteran, name war No 3. (c) Social Security No. 526-12-5156

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 1911
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>32</u>	<u>7</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Waiter

11. Industry or business _____

12. Name John Hughart

13. Birthplace Phillipsburg Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Artie Dennis

15. Birthplace Phillipsburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Removal (b) Date thereof 3/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Hill

18. (a) Signature of funeral director W. B. Helman

(b) Address Lebanon Mo

19. (a) 3-30-44 (b) Andy Crawford
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
 year 1944 hour 11:32 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 29th
 19 41 to March 28th 19 44

that I last saw him alive on March 28th 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About
13 yrs

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

Duration
About
13 yrs

PHYSICIAN

 Underline the cause to which death should be charged statistically.

1361

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)
 (c) Means of injury _____

23. Signature Y. F. Liska (M. D. or other) MD

Address Mt. Vernon, Mo. Date signed 3/29/44

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

RECEIVED

District Health Officer: M. G.

District File Number: 444-415

Date Filed: APR 3 1944

APR 18 1944
APR 19 1944

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: *W. E. Halman*

Licensed Embalmer No. *4107*

P. O. Address: *Lebanon 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.