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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 1000

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Bloomer 17479

State File No.

Primary Registration District No. 1000

Registrar's No. 583

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: 1308 Francis St. (If not in hospital or institution, write street number or location)

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

In this community 35 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 1308 Francis St. (If rural, give location) 7

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Belle 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 Married

6. (b) Name of husband or wife W.P. Hart

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 7 (Day) 1875 (Year)

8. AGE: Years 69 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sterling K. Mills
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W.P. Hart.

(b) Address 1308 Francis St.

17. (a) Murial (Burial, cremation, or removal) (b) Date thereof June 5, 44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St.

19. (a) 6/5/44 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 20, 1941 to June 2, 1944 that I last saw her alive on June 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death auriculer fibrillation	3 yrs
Paroxysmal tachycardia	3 "
Due to myocarditis chr.	5 "
Due to arterio-sclerosis with arterial hypertension	5 "
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

93d

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 G. T. Bloomer (M. D. or other) M.D.

Address 1218 N. 3d Date signed 6/2/44

1371 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph Mo

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

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