

FILED JUN 20 1944
Registration District No. 207

Primary Registration District No. 3045

State File No. _____
Registrar's No. 39

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67
(c) City or town Charleston, Mo. (If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Ethel Fannie Hart

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 16 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation At. Home

MOTHER FATHER
11. Industry or business _____
12. Name N.K. N.K.
13. Birthplace N.K. N.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name N.K. N.K.
15. Birthplace N.K. N.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Hart
(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 5-4-44
(Burial, cremation, or reburial) (Day) (Year)
(c) Place: burial or cremation Puxico Mo.

18. (a) Signature of funeral director John F. [Signature]
(b) Address Charleston Mo.

19. (a) 6/1/44 (b) Mrs. J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1944 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec 1943 to May 3, 1944
that I last saw her alive on May 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma 6 mo.

Due to Primary carcinoma of uterus 2 yr.

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

Major findings: Of operations _____
Of autopsy _____

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 J. P. [Signature] D.D. (M.D. or other)
Address Wyet, Mo. Date signed 5-4-44

Duration
Physician
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 644-846

Date Filed 6-14-44

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 John F. Minnelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.