

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25850

FILED JUL 20 1944

State File No. ....

Registration District No. 229

Primary Registration District No. 4485

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Fornseht  
(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 1  
(Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Fornseht 2  
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Laura May De Hart

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1944 hour 11<sup>10</sup> minute 0 P. M.

21. I hereby certify that I attended the deceased from June 20  
1944 to June 27 1944  
that I last saw her alive on June 27 1944  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Roy De Hart 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased sep 1 1887  
(Month) (Day) (Year)

Immediate cause of death

Respiratory failure

Due to Decompensated heart

Due to Chronic Myocarditis

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 57 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Carterville Ill A  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Riley Williams

13. Birthplace Ill I  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Atterbury

15. Birthplace Ill I  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy De Hart

(b) Address Fornseht Mo

17. (a) Burial (b) Date thereof June 30 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation right next to Ill mo no

18. (a) Signature of funeral director B. Stillinghoff Hubbers

(b) Address Ill mo no

19. (a) July-1-44 (b) Ma W. L. Tomlinson  
(Date received from registrar) (Registrar's signature)

Major findings: Of operations 93d

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)

While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature D. D. Wilson (M. D. or other) 20  
Address Fornseht, Mo. Date signed June 30, 1944

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

100  
20

1316

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 744-916

Date Filed 7-5-44

**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 Minnie Boyington  
Licensed Embalmer No. 3242  
P. O. Address Chaffee 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.**