

FILED OCT 17 1944  
Registration District No. 3094

Primary Registration District No. 6029

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Paris Rural  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds  
(c) City or town Paris 90  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31  
year 1944 hour 7 minute P.  
21. I hereby certify that I attended the deceased from March 8  
1944 to 7-25 1944  
that I last saw him alive on 25 day 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Tuberc Pneumoniae Duration 17 days

3. (a) PRINT FULL NAME WILLIAM OSCAR HART  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race w 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 Sept 2 - 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Louis Hart  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Bauman  
15. Birthplace St. Vernon Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hart  
(b) Address Wellington Mo

17. (a) Burial (b) Date thereof 8-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church Cemetery  
18. (a) Signature of funeral director Phil A. Fischer  
(b) Address Van Buren Mo

19. (a) 8-20-44 (b) Essie Evans  
(Date received local registrar) (Registrar's signature)

Due to Malnutrition

Due to Infirmities of age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 162b  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J. R. Gathe (M. D. or other) \_\_\_\_\_  
Address Centerville Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 1044530

Date Filed 10-14-44

1981 - 2 1942  
10-14-44

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 9-31-44

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Philip A. Leuchel*

Licensed Embalmer No.

2936

P. O. Address

Van Buren

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.