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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5909

State File No. 41790

Registrar's No. 136

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

78
0
0

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town ~~[illegible]~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt. # 1, Hayti, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Lifetime
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery 2
(If rural, give location)

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

If yes, name country 11

3. (a) PRINT FULL NAME Sarrah Elizabeth Hart

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Thomas L. Hart

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1876 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 1 | 13 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Eb Legion 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Watson 9
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas L. Hart 1

(b) Address Rt. 1, Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/45 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 12-31-44 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

1204

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 30
year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-27- 1944 to 12-30- 1944
that I last saw her alive on 12-30- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus

Due to

Due to

Other conditions 4 8 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. G. Bond M.D. (M. D. or other)

Address Hayti, Mo. Date signed 12-31-44

(Licensed Embalmer's Statement on Reverse Side)

12-44-277

## 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.....E. E. White.....

Licensed Embalmer No.....4168.....

P. O. Address.....Lawrenceville, 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.**