

Registration District No. 189

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether years, months or days)
In this community 15 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Oklahoma
(c) City or town Oklahoma City 9999
(If outside city or town limits, write "RURAL")
(d) Street No. 933 N W. 11 311
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1945, to Feb 2 1945,
that I last saw her alive on Feb - 2 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure Duration 1 day.

Due to ulcerative endocarditis chronic

Due to _____

Other conditions Hydro-thorax
(Include pregnancy within months of death)

Major findings:
Of operations 92 d.
Of autopsy ulcers of mitral valve - Hydro-thorax.

22. If death was due to external causes, fill in the following:
(c) 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. Hartman (M. D. or other) D.O.
Address 418 maple apt 11 Date signed 2/13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ellen Lucretia Hart

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel Leo Hart 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December 7, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 26 If less than one day 25 hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Sullivan E. Carrier

13. Birthplace Nesville Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Patricia West

15. Birthplace Palmer Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Schultz

(b) Address Oklahoma City Okla.

17. (a) removal (b) Date thereof 2/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ind. Okla.

18. (a) Signature of funeral director Poland R. Speaks

(b) Address Independence mo

19. (a) 2-5-45 (b) I. E. Brown (B)
(Date of local registrar) (Registrar's signature)

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

4070

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 Roland Speaks
Licensed Embalmer No. 3604
P. O. Address Indep. 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.