S. No. 2
M—8-43
. 5-17-39
I X37823

400

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 375

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6280

State File No. 10938

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Hart Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hart 61

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harvey Lee Hart

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Lena Hart

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. (Month) 17 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	5	hr. min.

9. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Nunn
15. Birthplace (City, town, or county) Missouri 11 (State or foreign country)

16. (a) Informant Ed Hart
(b) Address Hartville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hartville Cemetery

18. (a) Signature of funeral director Gene E Holdren
(b) Address Hartville, Mo.

19. (a) 2-18-1945 (Date received local registrar) (b) W J Wynne (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 17th year 1945 hour 5:00 minute AP M.

21. I hereby certify that I attended the deceased from 12-25 1944, to Feb 17 1945, that I last saw him alive on 1-17 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	Sev yr
Due to	
Due to	
Other conditions Cardiac Insufficiency (Include pregnancy within 3 months of death)	Sev yr

Major findings:
Of operations
Of autopsy 131

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 J A Fuson (M. D. ~~or other~~)
Address Mansfield Date signed 2-18-45

823 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-300
Date Filed MAR 14 1945

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.