

FILED MAY 11 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 331

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**224 W. STATE ST. 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **224 W. State St**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SARAH B. HARTT.**

3. (b) If veteran, name war **NONE** 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 **JOHN W. HARTT** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **JAN. 14, 1876**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **UNK. KAN. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife at Home**

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

12. Name **UNK. minor**

13. Birthplace **UNK. Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace **UNK. Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Hartt**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 21, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bassville Cem.**

18. (a) Signature of funeral director **W. Klingner & Co.**

(b) Address **Springfield, Mo.**

19. (a) **4-23-45** (b) **Dr. W.S. Hardy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** year **1945** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **2/23**, 19**45**, to **4/15**, 19**45**, that I last saw her alive on **4/15**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial degeneration 8 wks.**

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

Major findings: **030**  
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? \_\_\_\_\_

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

23. Signature **A. H. Focht** (M. D. or other) **MD**  
Address **Springfield Mo** Date signed **4/22/45**

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

MOTHER, FATHER

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**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.....

*J. Klingner*

Licensed Embalmer No. 3358

P. O. Address.....

*Springfield, 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.**

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