

**FILED** MAR 8 1946

**STANDARD CERTIFICATE OF DEATH**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **161**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)  
In this community 7 days

3. (a) PRINT FULL NAME Maggie Hart

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 Sanford Hart 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased December 9 1936  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Charles Wiskerson  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Harlow  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sanford Hart  
(b) Address DeKalb, Missouri

17. (a) burial (b) Date thereof 2/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Nelson B. Tol & Bowman

(b) Address St. Joseph, Mo.

19. (a) Feb. 6, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan //  
(c) City or town De Kalb, Mo. //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 5th  
year 1946 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-29-1946 to 2-5-1946

that I last saw her alive on 2-4- 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to Admission of  
Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations [Signature]  
Of autopsy [Signature]

**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) [Signature]  
(b) Date of occurrence [Signature]  
(c) Where did injury occur? [Signature] (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)  
Address St. Joseph, Mo. Date signed 2/5/46

**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 5 Feb 40

\_\_\_\_\_, Registered Apprentice No. 2

working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No.

3619

P. O. Address

St. Joseph, 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.**