

FILED DEC 17 1946
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH: **318**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Barnes Hospital**
(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 **Arkansas** (b) County **White**
(c) City or town **Searcy**
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Richard Hart**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **1**
year **1946** hour **10:30** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 10 1928**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
18 3 21 hr. _____ min.

Immediate cause of death **Acute diffuse cerebral necrosis. Cause is related to third degree burn left hand and wrist plus shoulder burn to leg and thigh when the neck slipped out of the pole on which he was working prelaying a burnt out light bulb. Causing him to fall into a 13,820 Voltage line at the**
MOTHER FATHER { 12. Name **J.C. Hart**
13. Birthplace **Colorado Texas**
14. Maiden name **Emily Ross**
15. Birthplace **Searcy Arkansas**
16. (a) Informant **J.C. Hart**
(b) Address **Searcy, Ark.**
17. (a) **Removal** (b) Date thereof **12-2-46**
(c) Place: burial or cremation **Searcy, Arkansas**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **DEC 2 1946** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

9. Birthplace **Colorado Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Man**

11. Industry or business **Light and Power Co.**

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) **Accident**
(b) Date of occurrence **Sept 20 1946**
(c) Where did injury occur? **at home in**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
White at work? **Work**
(Specify type of place) (e) Means of injury **to above**
23. Signature **Patrial E Taylor** (b) **Dep Car**
Address **1300 Clark** Date signed **12-2-46**

MAY 1 1947

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 *B. W. Wilkins*

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.