

746 21 FEB 17 1947  
Registration District No.

Primary Registration District No. 5890

1. PLACE OF DEATH:  
(a) County Ozark  
(b) City or town Rural- Pontiac 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 50 yrs (Specify whether years, months or days)  
In this community 50 yrs

3. (a) PRINT FULL NAME Lottie 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 Charlie Hart  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased February 25 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 24  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name N.B. Day  
13. Birthplace Washington  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Vanmeter  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Edie D. Hart  
(b) Address Gainesville Oklahoma  
17. (a) Burial (b) Date thereof 1-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hart Cemetery

18. (c) Signature of funeral director Gainesville, Missouri  
(b) Address

19. (a) 1-21-1947 (b) Mary F. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ozark  
(c) City or town Dugginsville- rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. no (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 19  
year 1947 hour 2 P M minute 11 A. M.  
21. I hereby certify that I attended the deceased from Jan. 12  
1947 to Jan. 16 1947  
that I last saw her alive on Jan. 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83R  
Of autopsy

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 0  
23. Signature St E Pac (M. D. or other)  
Address Gainesville Mo Date signed 1/20/47

RECEIVED

District Health Officer No. 6,  
District File Number 247-225  
Date Filed FEB 14 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.....

Licensed Embalmer No.....

P. O. Address.....

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.