

FILED JUN 9 1947

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution 10 day
(Specify whether in this community years, months or days) 59 Years Bates Co.,

2. USUAL RESIDENCE OF DECEASED:

Missouri Bates 7

(a) State _____ (b) County _____

(c) City or town Butler
(If outside city or town limits, write "RURAL") 1

(d) Street No. 905 North Water
(If rural, give location) 6

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

If yes, name country _____

3. (a) PRINT FULL NAME Ira Walter HART

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 10:30 AM

21. I hereby certify that I attended the deceased from 4/21/47 to May 21, 1947
that I last saw him alive on May 21, 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Cora D Hart

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 20 1875
(Month) (Day) (Year)

Immediate cause of death: Uremia

Due to _____

8. AGE: Years 71 Months 8 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Parsons Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Hart

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Martha Thomas

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Cora D. Hart

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery
Culver-Underwood

18. (a) Signature of funeral director Butler, Missouri

(b) Address Butler, Missouri

19. (a) 5-23-47 (b) Randall Perry
(Date received local registrar) (Registrar's Signature)

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) _____

23. Signature Agas A. Lusk (M. D. or other) _____
Address Butler, Mo. Date signed 5/27/47

RECEIVED
District Health Officer No. 71
District File Number 5-47-675
Date Filed 6-6-47

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.....

Frank H. Beck, Registered Apprentice No. 471
working under my personal supervision.

Signed John J. Anderson
Licensed Embalmer No. ~~3838~~ 3585
P. O. Address Butler, Missouri

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.