S. No. 2
1-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26820

Primary Registration District No. 1000

Registrar's No. 1084

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: St. Josephs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 3027 Mitchell Ave. (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mary Rose Hart

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

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: September (Month) 5 (Day) 1947 (Year)

8. AGE: Years: 0 Months: 0 Days: 0 If less than one day: 1 hr. 15 min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER

12. Name: George Thomas Hart

13. Birthplace: Prescott (City, town, or county) Kansas (State or foreign country)

14. Maiden name: Rosemary Young

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

16. (a) Informant: George T. Hart

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 9-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5 year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 5, 1947 to 3:40 P.M. 9/5 1947 that I last saw her alive on Sept. 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent ductus artenosus.	Since Birth
Due to: Congenital heart disease	Since Birth
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: Same as above diagnosis	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Thompson & Potter (M. D. or other) M.D.

Address: 31 Faraon, St. Jos. Mo. Date signed: 6 Sept. 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th 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.