

S. No. 2
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5-17-39
PI X25330

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED OCT 1 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33405

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 130
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Charleston R.F.D. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILFORD PINKNEY HART

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased: Nov 25, 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Sikeston MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Matthew P. Hart
13. Birthplace New Madrid MO
(City, town, or county) (State or foreign country)
14. Maiden name Laura E. Breazel
15. Birthplace Scott Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Hart
(b) Address Charleston MO R.F.D. 1

17. (a) Burial (b) Date thereof 9-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo. Hart Cem.

18. (a) Signature of funeral director Welch Funeral Home
(b) Address Sikeston Mo

19. (a) 9-29-47 (b) Mrs T.G. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10 Sept 47
19____ to death 19____

that I last saw him alive on 13 Sept 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Ch.
Uremia

Due to Myocarditis, Ch.

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

Major findings: _____
Of operations 938
Of autopsy _____
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) _____
(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 _____
23. Signature Charles H. Henry (M. D. or other) _____
Address Sikeston Date signed 10/2/47

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

RECEIVED

District Health Office No. 2,

File No: File Number 947-1278

Date Recd 9-20-47

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Lester 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.