

FILED NOV 21 1947

State File No. _____

Registration District No. 701

Primary Registration District No. 2404

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Finley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Missouri (b) County Douglas 34
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Etta Ruth Hart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife F. T. Hart 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 19, 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County, Ia.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Riley

13. Birthplace Dare County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Gow

15. Birthplace Jefferson County, Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant F. T. Hart

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Madison

18. (a) Signature of funeral director Clinkingbeard Funeral Ho

(b) Address Ava, Missouri

19. (a) Oct 25-47 (b) Uelster Bushman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1947 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from on
Sept 19th 1947 to 19, 1947
that I last saw her after death 162 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____
Pat. did not have any physician
for her condition for last 14 yrs.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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 the place)
Means of injury 2

23. Signature [Signature] (M. D. or other) _____

Address Ava, Mo. Date signed Mar 12, 1947

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

4000

RECEIVED

District Health Officer No. 6,

District File Number 1147-1188

Date Filed NOV 19 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 W. B. Hutcherson

Licensed Embalmer No. 3481

P. O. Address Area 2nd

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.