S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42676

Registration District No. 292 Primary Registration District No. 6001 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.

(b) City or town Saline Township. (Rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 Miles N.W. of Center, Mo. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 80 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Rural (Saline Township) (If outside city or town limits, write "RURAL")

(d) Street No. Center, Mo. R.F.D. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ruth Ann Hart.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female/

5. Color or race White

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

6. (b) Name of husband or wife George M. Hart.

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

7. Birth date of deceased April, 9, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	8	10	hr. min.

9. Birthplace Ralls County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Home.

FATHER
12. Name Jacob Coontz.
13. Birthplace Unknown (City, town, or county) Virginia. (State or foreign country)

MOTHER
14. Maiden name Mary Jane Asher.
15. Birthplace Unknown (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Mrs Mary Glendenning

(b) Address Center, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Norton Cemetery.

18. (a) Signature of funeral director Carrick & Willey

(b) Address Center, Missouri.

19. (a) 12/20/47 (Date received local registrar) (b) Clyde Willey (Registrar's signature) 7/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th, year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1947 to Dec. 19, 1947 that I last saw her alive on Dec. 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Acute	1 mo.
Due to unknown	
Due to unknown	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

43P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Brooks (M.D. or other) D.O.

Address Center, Mo Date signed 12/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-1
Date Filed JAN 12 1948

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 John H. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde W. Willey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.