No. 2
-1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

226

State File No.

Registration District No.

Primary Registration District No. 1000

Registrar's No. 38

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: Peek Nurs. Home- 723 So. 11th 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr- 7 mos (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 723 So. 11th 7
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Canada

3. (a) PRINT FULL NAME William T. Hart
3. (b) If veteran, name war No
3. (c) Social Security No. 491-10-9687
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Ellen Nelson Hart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1871 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| ✓ | 76 | 9 | 9 | hr. min. |

9. Birthplace Lenoxville (City, town, or county) Canada (State or foreign country) 2
10. Usual occupation Retired Clerk
11. Industry or business Western Tablet Co.
FATHER
12. Name William E. Hart
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name Anna Juler
15. Birthplace Unknown (City, town, or county) Canada (State or foreign country) 2
16. (a) Informant Wm. T. Hart, Jr.
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 1-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 19, 1947 to Jan 5, 1948;
that I last saw him alive on Jan 5, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Thrombosis | 3 days |
| Due to arteriosclerosis | 5 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ✓
Of autops: ✓

83B

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 ✓ 0
23. Signature Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg St. Joseph, Mo. Date signed Jan 9-1948

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 William Spielberg, Registered Apprentice No. 28 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.