

Registration District No. **12** Primary Registration District No. **1000**

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:
3205 S. 22nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not** (Specify whether
25 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Erran Emmett Hart**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **707-09-5246**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Myrtle Hart** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **May 27 1883**
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **4** If less than one day hr. min.

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

10. Usual occupation **Section Foreman**

11. Industry or business **C. B. & Q. Railroad**

MOTHER FATHER
12. Name **James Hart**
13. Birthplace **Cole County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Phonie Lister**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Hart**

(b) Address **3205 S. 22nd St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 2, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Walter Meierhoff**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **August 4, 1948** (b) **E. C. Jenkins**
(Date received local registrar) (Registrar's signature)

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. **3205 S. 22nd Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31st**
year **1948** hour **12** minute **20 A. M.**

21. I hereby certify that I attended the deceased from **3-12-47**, 19, to **7-31-48**, 19;
that I last saw him alive on **7-30-48**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Hypostatic Duration **7 days**
Due to **Heart Disease, Chronic Myocarditis** **4 years**
Due to

Other conditions **Arteriosclerosis General** **4 years**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (c) Means of injury

23. Signature **N. C. Senne** (M. D. or other)
Address **207 W. 5th St. St. Joseph, Mo.** Date signed **8-2-48**

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 H. Merick

Licensed Embalmer No. 4413 Missouri.

P. O. Address 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.