

FILED JUL 19 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23771

Registration District No. 270

Primary Registration District No. 3052

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Missouri
 (b) City or town Caruthersville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 505 Carleton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 43 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Florence Beck Hart3. (b) If veteran, name war L

3. (c) Social Security No. _____

4. Sex 7 15. Color or race W6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 36 years7. Birth date of deceased June (Month)6 (Day) 1863 (Year)

8. AGE:

Years

Months

Days

If less than one day

8512

hr. _____ min.

9. Birthplace Henderson Co. Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Home wife

11. Industry or business _____

12. Name John Kicker13. Birthplace Henderson Co. Ky
(City, town, or county) (State or foreign country)14. Maiden name Loza Slaughter15. Birthplace Henderson Co. Ky
(City, town, or county) (State or foreign country)16. (a) Informant W. B. Beck Hart(b) Address Caruthersville, Mo.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 7-9-1948
(Month) (Day) (Year)(c) Place: burial or cremation Little Prairie18. (a) Signature of funeral director J. A. G. Co.(b) Address Caruthersville, Mo.19. (a) 7-14-1948
(Date received local registrar)(b) Jesse B. Weeks
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri
 (c) City or town Caruthersville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 505 Carleton Ave
 (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 8
 year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 15, 1945 to July 8, 1948
 that I last saw her alive on July 7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arterio-sclerosis

Duration

Due to Old age

Due to _____

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

Major findings: 97
Of operations _____

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)

(b) Means of injury _____

23. Signature J. W. HartAddress Caruthersville, Mo.Date signed 7-13-48

7-48-308

EMBALMER 1911

JUL 23 1911

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.....

Sydney B. Willis, Registered Apprentice No. *19*
working under my personal supervision.

Signed *Noel C. Deau*

Licensed Embalmer No. *3941*

P. O. Address. *Canton, Mass.*

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.