

Registration District No. 119

Primary Registration District No. 4193

State File No. \_\_\_\_\_

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Workman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 mi. N. of Mc Kittrick  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES EDWARD HART

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Betty Hart 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. 11 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 0 hr. min.

9. Birthplace Mc Kittrick Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Edward Hart

13. Birthplace Unkown  
(City, town, or county) (State or foreign country)

14. Maiden name Mettie Caraway

15. Birthplace Unkown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Hart

(b) Address 430 Blase, St. Louis, Mo

17. (a) Burial (b) Date thereof 10-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graber Family Cemetery

18. (c) Signature of funeral director: August H. Schuel

(b) Address Hermann, Mo

19. (a) 10/13/48 (b) D. M. Mueschler  
(Date received local registrar) (Registrar's signature) A.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11  
year 1948 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from October 11 1948 to October 11 1948  
that I last saw him alive on October 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRO VASCULAR ACCIDENT 9 HRS

Due to ARTERIAL HYPERTENSION - UNKNOWN

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Carvel T. Shaw MD (M. Doctor)

Address Hermann, Mo Date signed 10-2-48

Date Recd. NOV 10 1948

State of Missouri

Director, Health Officer No. 9,

RECEIVED

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..... *Hugon H. Schumier*.....  
Licensed Embalmer No..... 3160.....  
P. O. Address..... Hermann, 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.