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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35427
Registrar's No. 14

Registration District No. _____

Primary Registration District No. 4547.4537

1. PLACE OF DEATH: Washington
(a) County Irondale
(b) City or town Irondale
(c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution several years (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry H. Hart
3. (b) If veteran, name war _____
3. (c) Social Security No. 495-22-4691

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or never married married
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. 4, 1886 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Tilden Kentucky / (City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farming

12. Name William Leroy Hart,
13. Birthplace Tilden Webster Kentucky / (City, town, or county) (State or foreign country)
14. Maiden name Alice Francis Todd
15. Birthplace Webster Co. Kentucky / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. H. Hart

(b) Address Irondale, Missouri

17. (a) Burial (b) Date thereof 10/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation HOPEWELL CEMETERY

18. (c) Signature of funeral director Bert L. Rayer
(b) Address LEADWOOD, MISSOURI

19. (a) 10/29/48 (Date received local registrar) (b) Jessie Eichenberger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington /
(c) City or town Irondale (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Oct year 1948 hour 3 minute 30 M.
21. I hereby certify that I attended the deceased from Oct 24 1948 to Oct 28 1948
that I last saw him alive on Oct 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

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

Major findings: Of operations f3w
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)
(e) Means of injury _____

23. Signature Jas W. Hovoffen (M. D. or other) MD
Address Brisma ex ml Date signed 10/29/48

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

RECEIVED

Collector No. 4
File Number 1148-135
Date 11-3-48

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.....

William E. Boyer

Registered Apprentice No. 229

working under my personal supervision.

Signed *Bert L. Boyer*

Licensed Embalmer No. 3441

P. O. Address *Leadwood 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.