

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35801

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018
(c) City Clinton (d) Street No. Clinton General Hosp. Registered No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

6.30 Francis M Hart
(a) Residence, No. 218 W Green St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1856
7. AGE YEARS 82 MONTHS 0 DAYS 24 IF LESS than 1 day,hrs. ormin.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Rail Road
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin co Mo
13. NAME Joseph Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin co Mo
15. MAIDEN NAME Maragret Todd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin co Mo
17. INFORMANT Mrs Callie Hart
(ADDRESS) Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 10-7-38
19. FUNERAL DIRECTOR Consolus & Pres
(ADDRESS) Clinton Mo
20. FILED 10-15-38 Dr J R Hampton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-5 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct-1 1938 to Oct-5 1938
I last saw him alive on Oct-5 1938 Death is said to have occurred on the date stated above, at 4:10 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of throat
Rt lower pneumonia
Date of onset ??
Other contributory causes of importance: H.S.
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James O Smith, M. D.
(Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-36

Date Filed 11-9-38

STATEMENT BY LICENSED EMBALMER

I, J. E. Benson, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. E. Benson
Licensed Embalmer No. 1891

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.)