

FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27837  
Registrar's No. 136

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: COMMUNITY CLINIC HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution yes (Specify whether years, months or days)  
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town White Oak (If outside city or town limits, write "RURAL")  
(d) Street No. White Oak (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

RUTH IMOGENE HART

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 12 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 3 2 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

12. Name Edgar L. Hart  
13. Birthplace Wich Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Marrie Garrow  
15. Birthplace Appleton City Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar L. Hart

(b) Address Wich Mo RR#1

17. (a) Burial (b) Date thereof 8-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem

18. (a) Signature of funeral director J.A. Dausant

(b) Address Clinton Mo.

19. (a) Aug. 16, 1944 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14  
year 1944 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_, 19\_\_\_\_, to Aug 14, 1944,  
that I last saw her alive on Aug 14, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary  
& Carcinomatosis  
Due to Cyst of Ovary (Cholesterol)  
Duration 2 1/2 yrs.

Other conditions 49a  
(Include pregnancy within 3 months of death)

Major findings: 49a  
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) (e) Means of injury 0

23. Signature Joseph B. Quill (M. D. or other) M.D.  
Address Clinton Mo. Date signed 8-16-44

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

FEB 16 1945

RECEIVED  
District Officer No. 7,  
Number 8-44-1044  
Date Filed 9-11-44

**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 *Tom Stuart*  
Licensed Embalmer No. *2782*  
P. O. Address *Deerpater*

**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.**