

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36777**
Registrar's No. **224**

Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County **Henry Clinton**

(b) City or town **Clinton**

(c) Name of hospital or institution **General Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **7 mos**
(Specify whether in this community **7 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**

(c) City or town **Montrose**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mary Hart**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**
year **1946** hour _____ minute **9 A.** M.

21. I hereby certify that I attended the deceased from **April 14**
21 19**46** to **Nov 29** 19**46**
that I last saw **her** alive on **Nov 29** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **F /**

5. Color or race **W**

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **11 12 1856**
(Month) (Day) (Year)

Immediate cause of death **Chronic nephritis** Duration **1 yr**

Due to **Insufficiency of eye**

Due to _____

Other conditions **131 B**
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
90	0	17	hr. _____ min. _____

9. Birthplace **Denno**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife & teacher**

11. Industry or business _____

12. Name **George Hart**

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

14. Maiden name **Martha Watson**

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

16. (a) Informant **George Hart**

(b). Address **Clinton Mo**

17. (a) Burial, cremation, or removal **burial** (b) Date thereof **Nov 1 - 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Montrose Cem**

18. (a) Signature of funeral director **Fred Wellman**

(b) Address **Clinton Mo**

19. (a) 11-30-46 (b) **R. R. Kennedy**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature **R. R. Kennedy** (M.D. or other) **M.D.**

Address **Clinton Mo** **Date signed** **11-29-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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City of Health Officer No. 7,
Certificate No. 11-46-3027
Date filed 1-2-46

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 Frank L. Wilkerson
Licensed Embalmer No. 2178
P. O. Address Clinton 2

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.