

1235 MAR 20 1939

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

6843  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. Freeman Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

2. PRINT FULL NAME Donald Eugene DeHart  
 (a) Residence, No. Freeman Hospital St.  Santha, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 11,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>8</u>	<u>0</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as saw mill, bank, etc.

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) St. Scott, Kansas

FATHER 13. NAME Harvey H. DeHart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Edna Pearl Burr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harold H. DeHart Santha, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Santha Cemetery DATE Feb 13 1939

19. FUNERAL DIRECTOR (ADDRESS) Konantz's Hamat, Mo.

20. FILED 2-13-39 Ed DeHart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1939, to 2-11-39, 1939.  
 I last saw him alive on 2-11-39, 1939. Death is said to have occurred on the date stated above, at 5:10 P.  
 The principal cause of death and related causes of importance were as follows:  
Brain Abscess incite  
Left frontal lobe  
10413  
 Date of onset approx Jan 20

Other contributory causes of importance:  
Acute Frontal Sinusitis approx Jan 13

Name of operator Dr. S. H. Smith Date of 2/11/39  
 What test confirmed diagnosis? Op. Was there an autopsy? no

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) Marcel H. ..., M. D.  
 (Address) Freeman Hospital Joplin Mo

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.

1 X172064

RECEIVED

District Health Officer No. 6,

District File Number 6-39-616

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, Carl J. Kenantz, Licensed Embalmer No. 2247

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

No. \_\_\_\_\_ or by L. E. Dan E. Seneaney, Registered Apprentice No. 135  
working under my personal supervision.

Signed Carl J. Kenantz  
Licensed Embalmer No. 2247

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.)