

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

FILED JAN 10 1948

Registration District No. ....

Primary Registration District No. **1000**

Registrar's No. **1424**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Meth Hosp. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day** (Specify whether  
In this community **1 day**  
years, months or days)

3. (a) PRINT FULL NAME **Lewis Franklin DeHart**

3. (b) If veteran, name war: **---** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bertha DeHart** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **June 13 1960**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **6** Days **12** If less than one day  
 hr. **0** min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Johnna DeHart**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah J. Johnson**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha May DeHart**  
(b) Address **Weatherby Mo. R F D**  
17. (a) **Removal** (b) Date thereof **12-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hopewell Cemetery**

18. (a) Signature of funeral director **Pilcher Funeral Home**  
(b) Address **Maysville Missouri**

19. (a) **1-6-49** (b) **L. B. Jenkins**  
(Date received local registrar) (Registrar's signature) **382**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DeKalb** **32**  
(c) City or town **Weatherby (Rural)** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. .... (If rural, give location) **/**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25**  
year **1948** hour **10** minute **8** M.

21. I hereby certify that I attended the deceased from **12/24/48**, 19**48** to **12/25/48**, 19**48**  
that I last saw him alive on **12/24/48**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**  
**thrombophly of blood**  
Due to .....

Due to .....

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

Major findings: **thrombophly of blood**  
Of operations **137**  
Of autopsy: .....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

23. Signature **Lewis Franklin DeHart** (M. D. or P. H. C.)  
Address **Mo. R F D** Date signed **12/27/48**

MOTHER FATHER

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.....

*Neal R. Dawson*

Registered Apprentice No. *484*

working under my personal supervision.

Signed.....

*Vera Gilchert*

Licensed Embalmer No. *4499*

P. O. Address.....

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.