

FILED JUL 15 1944

Registration District No. 2019

Primary Registration District No. 3043

State File No. 22027

Registrar's No. 204

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Levering Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Marion 64
 (c) City or town Hannibal 3
 (If outside city or town limits, write "RURAL") 4
 (d) Street No. 804 Bird
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country ()

3. (a) PRINT FULL NAME Robert Leo Hart
 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 Hazel 6. (c) Age of husband or wife if alive () years
 7. Birth date of deceased May 16, 1867
 (Month) (Day) (Year)

8. AGE: Years 76 Months 01 Days 28
 If less than one day hr. () min. ()

9. Birthplace Palmyra, MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business ()

MOTHER FATHER
 12. Name John Hart
 13. Birthplace Ken
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Gentry
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Hazel Hart

(b) Address 804 Bird, Hannibal, MO

17. (a) Burial (b) Date thereof May 16, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reveries Cemetery

18. (a) Signature of funeral director James O. Donnell

(b) Address Hannibal, MO

19. (a) 6-12-44 (b) A. H. Connor
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
 year 1944 hour () minute 6:30 M.

21. I hereby certify that I attended the deceased from May 14, 1944
 to May 14, 1944
 that I last saw him alive on May 14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocarditis

Due to ()

Due to ()

Other conditions fractured hip
 (Include pregnancy within 3 months of death)

Major findings:
 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 ()

23. Signature () (M. D. or other)

Address () Date signed 6/10/44