

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

Do not use this space.

29618

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. K.C. General Hosp)

Registration District No. 0002
Primary Registration District No. _____

File No. _____
Registered No. 3540 (Ward)

2. FULL NAME

William C. Hardten
(a) Residence, No. 817 E 14th St. _____ Ward. _____

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-8-1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1933
22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1933 to 9-4, 1933
I last saw him alive on 9-4, 1933 Death is said to have occurred on the date stated above, at 7:03 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
51051
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) J. H. Gunt, M. D.
(Address) Sup't. K.C. Gen. Hosp
5-23 Jackson

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>August Hardten</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Maria</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Reuben Clark</u> (ADDRESS) <u>K.C. Gen. Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lapeke, Mo</u> DATE <u>Sept 18 1933</u>	
19. UNDERTAKER <u>Mrs. C. E. Foster</u> (ADDRESS) <u>418 Broadway, W.V.</u>	
20. FILED <u>9-7-33</u> <u>M. M. Cowe</u> Registrar.	

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.

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