

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

5612
 Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1109 E. 16th 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 Thomas Hardin 695
 (a) Residence, No. 1109 E. 16th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Piano Tuner
 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) Texas

FATHER 13. NAME Frank Hardin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Grace Austin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Bessie Dangerfield
 (ADDRESS) 1109 E. 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE Feb 10 1938

19. FUNERAL DIRECTOR Hathkins Bros.
 (ADDRESS) 1729 Lydia

20. FILED 2/10 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/8/1927 to 1/29/1938
 I last saw him alive on 1/29/1938. Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Arctic Arteriosclerosis
96
 Other contributory causes of importance: Bronchial Catarrhs

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? No
 If so, specify.....
 (Signed) A. D. Francis M. D.
 (Address) 406 Shubert Bldg. K.C., 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.

Dr. Francis.
1115 Schubert Bldg.

STATEMENT BY LICENSED EMBALMER

I, D. B. Watkins, Licensed Embalmer No. 4889,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by D. B. Watkins
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed D. B. Watkins
Licensed Embalmer No. _____

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.)