

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

25706
 Do not use this space.

1. PLACE OF DEATH AUG 25 1938
 (a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. 71
 (c) City Warrensburg, (d) Street No. _____
 (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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Charles Harding 635
 (a) Residence, No. 616 N Maguire St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 1938

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Harding
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 11, 1938
 I last saw him alive on July 10, 1938 Death is said to have occurred on the date stated above, at 7-45 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Band leader
 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) 1918 11. Total time (years) spent in this occupation _____

Date of onset about 1928
Initial Regurgitation
924

12. BIRTHPLACE (CITY OR TOWN) Illinois, (STATE OR COUNTRY) _____

Other contributory causes of importance: Senility

FATHER 13. NAME John Harding
 14. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Mary Sturtevant
 16. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY) _____

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.

17. INFORMANT Jack Harding (ADDRESS) Warrensburg,

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun set Hill DATE July 13, 1938

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John Phillips M.D.
 (Address) Warrensburg, Mo.

19. FUNERAL DIRECTOR (NAME) Sweeney-Phillips (ADDRESS) Warrensburg, Mo

20. FILED July 13, 1938 Eva Denton Local 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.

APR 23 1995

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,

Earl Priest

, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. **3878**

P. O. Address **Warrensburg, Mo**

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, above space should be left blank.