

REC'D SEP 21 1938

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

28720

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 219
(b) Township Kelly Primary Registration District No. 4132 Registered No.
(c) City Bunceton (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Hardin 635

(a) Residence, No. 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Marion Hardin22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug 25, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1857Last saw her alive on Aug - 25, 1938 Death is said7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 7 3to have occurred on the date stated above, at 10 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. Housewife
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

Cerebral hemorrhage Date of onset about Aug 15-3812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

Other contributory causes of importance:

13. NAME James William Kidwell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no15. MAIDEN NAME Nancy E. Hoyle

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 (ADDRESS)

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton, Mo. DATE Aug 27 193824. Was disease or injury in any way related to occupation of deceased? no

If so, specify

19. FUNERAL DIRECTOR (ADDRESS) L. G. Parker(Signed) R. O. Keeley, M. D.20. FILED 8-26-1938 Ann Whitaker Local Registrar1938 (Address) Bunceton - Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/2/38

STATEMENT BY LICENSED EMBALMER

I, LG Parker, Licensed Embalmer No. 23,47

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. [Signature]

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed LG Parker

Licensed Embalmer No. 23,47

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

28720

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 219
(b) Township _____ Primary Registration District No. 4130 Registered No. _____
(c) City Bunceton (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Mary Elizabeth Hardin

(a) Residence, No. _____ 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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 2 3

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

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Kellie Hardin
(ADDRESS) Bunceton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8-26-1938 Ann Whitaker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. O. Kelley, M. D.

(Address) Bunceton Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1937
7-20720