REG'D OCT 19 1938

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

31846
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway — Registration District No. 104
(b) Township — Primary Registration District No. 3008 — Registered No. 230
(c) City Fulton — (d) Street No. ____ 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 Odie Clinton Hardin 635
(a) Residence, No. ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/4/1875
7. AGE: Years 62 | Months 11 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Missouri 0

FATHER
13. NAME George W. Hardin 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Martha Virginia Houchin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Eugene Hardin, Fulton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer DATE 9/27/1938, 19
19. FUNERAL DIRECTOR (NAME) Ray A. Holt
(ADDRESS) New Bloomfield, Missouri
20. FILED Sept 26, 1938 R. N. Crewe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25/1938, 19
22. I HEREBY CERTIFY, That I attended deceased from 9/15/38, 19, to 9/23/38, 19
I last saw him alive on 9/23/38, 19 38 Death is said to have occurred on the date stated above, at 3-15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma cardiac.	

Other contributory causes of importance:
Influenza cold.

Name of operation ____ Date of ____
What test confirmed diagnosis? P.E. 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) George D. Neal M.D. Frederick M. McCall M.D.
(Address) 404 Market Street, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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, Ray A Holt, or by

Registered Apprentice No. 2604, working under my personal supervision.

Signed Ray A Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield

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

If this body is not embalmed, above space should be left blank.