

REC'D FEB 20 1939

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

1014
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1506 Eastern 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 Claude F. Hardin
 (a) Residence, No. 320 North Askew 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E. Hardin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>4</u>	<u>27</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. T. H. Mastin Co.

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) Brandenburg, Ky.

FATHER

13. NAME John M. Hardin

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

MOTHER

15. MAIDEN NAME Anna Elizabeth Fairley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brandenburg, Ky.

17. INFORMANT (ADDRESS) Mrs. Mary E. Hardin 320 North Askew

18. BURIAL, CREMATION, OR REMOVAL PLACE Brandenburg, Ky. DATE Jan. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.

20. FILED Jan 4 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-39 19

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

I last saw the deceased _____ Death is said to have occurred on the date stated above, at _____.

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

Coronary sclerosis
Chronic coronary occlusion
Chronic myocardial sclerosis
Acute pulmonary edema

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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? 11
 If so, specify _____
 (Signed) Walter H. White M. D.
 (Address) San Jose, N. 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.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.