

REC'D MAR 13 1939

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

5927
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
 (b) Township..... Primary Registration District No..... Registered No. 138
 (c) City St. Joseph (d) Street No. 912 North 24th 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 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 68 yrs. mos. ds.

2. PRINT FULL NAME Anna Katherine Hardick

(a) Residence, No. 912 North 24, St. Joseph, Mo. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 21

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

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Weslick,
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Oscar Weigel
 (ADDRESS) 912 N. 24th, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park Cem DATE Feb. 10, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
 (ADDRESS) 1302 Faraon St., St. Joseph,

20. FILED 2-10 1939 H. J. Spalteholz
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1939

22. I HEREBY CERTIFY that Anna Katherine Hardick attended deceased from Oct 27 1938 to Feb 8 1939
 I last saw her ST. alive on Jan 31, 1939 Death is said to have occurred on the date stated above, at 1:00pm.

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

Cerebral hemorrhage Date of onset 1938

Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis Clinical 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) Walter J. Hansen, M. D.

(Address) 2802 Jules, St. Joseph, Mo.

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,

..... Wilbur Kelly, or by

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

Signed..... W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, 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.