

DEC'D MAR 10 1939

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

7322

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township _____ Primary Registration District No. 4363 Registered No. 19
(c) City Neosho (d) Street No. Sale-Bowman Hospital 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 Infant Daughter of Mr. & Mrs. Ben Hardesty

(a) Residence, No. Neosho R.F.D. # 4. 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) Infant.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1939

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1939

I last saw h. _____ live on _____, 19____. Death is said

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

to have occurred on the date stated above, at 2 A.m.

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

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

Date of onset

Stillborn12. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

Other contributory causes of importance:

13. NAME Ben Hardesty
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

Name of operation _____ Date of _____

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

15. MAIDEN NAME Ruby King
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

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 Ben Hardesty
(ADDRESS) Neosho Mo. R.F.D. # 4.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Indian-Creek Cem. DATE 2-6-1939
PLACE _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Orval H. Sale, M. D.19. FUNERAL DIRECTOR (NAME) Corley Thompson
(ADDRESS) Neosho Missouri(Address) Neosho, Mo.20. FILED 2-17 1939 Orval H. Sale, M.D.
Local Registrar

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 Dail K. Gay
Registered Apprentice No. 189, working under my personal supervision.

Signed

Corley Thompson
Licensed Embalmer No. 3259

P. O. Address Neosho 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.