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.

Corrected Sept 13 - 1939 by Dr's Statement L.W.

REC'D SEP 1 1939

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

Do not use this space.

28787

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 130
Township Hubble Primary Registration District No. 4073
City Whitewater (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME 635 Howard Harry Hardman
(a) Residence, No. ..... (Usual place of abode) White Water, Mo. Ward. ..... (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 43 MONTHS 5 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, 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) Pomeroy Ohio

FATHER
13. NAME George Hardman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Dale Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Olga Hardman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau DATE Aug 22 1939

19. UNDERTAKER (ADDRESS) Brinkhop Howell Cape Girardeau

20. FILED Aug 30 1939 Mrs Wm Shickle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug 16th~~ Nov 15 1939, to Aug 19 1939
I last saw him alive on Aug 19 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 yrs
1st stroke 2 yrs ago	~~3 yrs~~
then another on Aug 16th.	ago

Other contributory causes of importance: Death occurring on Aug 19 - 39

820

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 None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W W Davault
(Signed) ....., M. D.
(Address) Allenville, Mo

For Dr statement see misc file # 205-

REC'D SEP 13 1939

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

Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 130
(b) Township ~~White Water~~ — Primary Registration District No. 4073 — Registered No.
(c) City White Water — (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 635 Howard H Hardman
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Olga Buckner Hardman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 1896

7. AGE: YEARS 43 — MONTHS 5 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Lumber Buyer
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): Pomeroy Ohio

FATHER
13. NAME: G.W.Hardman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER
15. MAIDEN NAME: Dale Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Olga Hardman White Water Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Aud 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Brinkopf Howell Cape Girardeau Mo

20. FILED September 1939 Mrs Mrs Shickler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19 1939, 19

22. I HEREBY CERTIFY, That I attended deceased fro Aug 16th, 1939, to Aug 19th, 193
I last saw him alive on Aug 16th, 1939. Death is sa
to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follow

Cerebral hemorrhage. — Date of ons Aug 16 /3

Other contributory causes of importance:
Deceased had a hemiplegia in Nov 16/37, from which he never fully recovered.

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) [signature], M. D
873 (Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

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S-28787

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.