

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.

DEC 11 1939

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

39039
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1201 Elizabeth Registered No. 1173
 (e) Length of residence in city or town where death occurred 48 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 48 yrs. - mos. - ds.

2. PRINT FULL NAME 635 Barbara Hardinger
 (a) Residence, No. 1201 Elizabeth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sebastian Hardinger</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1875.</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Germany</u>			
	13. NAME <u>Unknown</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Mrs. N.F. Ripper</u> <u>Mo.</u> <u>1201 Elizabeth Str. St. Joseph,</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>Nov. 17</u> 19 <u>39</u> <u>Mt. Olivet Cemetery</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H.O. Sidenfaden & Son</u> <u>1802 Union Str. St. Joseph, Mo.</u>				
20. FILED <u>11-15-39</u> <u>W. H. Nestor</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-25-1939 to Nov-14-1939
 I last saw her alive on Nov-13-1939. Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension
Arteriosclerosis
Chronic disease
 Date of onset Nov 14

Other contributory causes of importance:
Hypertension, Arteriosclerosis, Chronic disease

Name of operation None Date of: Nov
 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) T. L. Howden, M. D.
 (Address) 620 Truman

RECORDED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/27/39

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 Elbert C. Harrington

Licensed Embalmer No. 3258.

P. O. Address St. Joseph, Missouri.

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.