

Registration District No. 99Primary Registration District No. 5146

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Caldwell  
 (b) City or town Palo - Grant Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Hettie Catherine Hardman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex
- Female
5. Color or race
- White
6. (a) Single, widowed, married, divorced
- ✓

6. (b) Name of husband or wife
- John B. Hardman
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 4 - 1860  
(Month) (Day) (Year)8. AGE: Years 79 Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Edom, Va.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Martin L. Breneman13. Birthplace Edom, Va.  
(City, town, or county) (State or foreign country)14. Maiden name Susanna Berry15. Birthplace Edom Va.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter E Jones(b) Address Congill Rd17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Cramer Clark(b) Address Kingston, Missouri19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Caldwell

(c) City or town Rural Palo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day November  
year 1939 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from Nov 21, 1939 to Nov 21, 1939  
that I last saw her alive on Nov 21, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Shock from burns all over head, body & extremities. Duration 1 dayDue to accidental explosion of lamp.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Nov 21, 1939(c) Where did injury occur Rural Palo, Caldwell, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at farm home.While at work? yes (Specify type of place) (e) Means of injury coal oil lamp23. Signature J. F. Goldberg (M. D. or other)Address Palo, Mo. Date signed 11/21/39

CORRECTION NO. 117  
12-39-1746  
~~DEC 15 1939~~

**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 Cramer Clark, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Cramer Clark  
Licensed Embalmer No. 3257  
P. O. Address Kingston 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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

39168  
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 99  
(b) Township Grant Primary Registration District No. 2146 Registered No. ....  
(c) City ..... (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

Hattie Catherine Hardman  
(a) Residence, No. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 1 17

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

FATHER 13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 3 1939 Mrs Wylie Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the day stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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 .....  
Nature of injury .....

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

If so, specify .....  
(Signed) H. E. Goldberg, M. D.  
(Address) Pala mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and midwives should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

