DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42267

Primary Registration District No. 1002

Registrar's No. 4676

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3500 Indp. Av., where death (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- In this community -------- 1- Month - (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: 3500 Independence, Ave., K. C. Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME: Mildred May Harding 635

3. (b) If veteran, name war: No -------

3. (c) Social Security No.: No -------

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: S. T. Harding

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Missouri (Month) Jan. 22, 1879 (Day) (Year)

8. AGE: Years 60 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: State of Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife 0

11. Industry or business: at Home 0

FATHER 12. Name: Roland Gooch

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Ellen Harris

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Flasie McMillan

(b) Address: 4015 Michigan, K. C. Mo.

17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof: Dec. 10th, 39 (Month) (Day) (Year)

(c) Place: burial or cremation: Ogan Cem. 4 Mi. North of Meadville, Mo.

18. (a) Signature of funeral director: Mrs. C. L. Forster, K. C. Mo.

(b) Address

19. (a) Dec. 10, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th, 1939 year 1939 hour ..... minute ..... P. M.

21. I hereby certify that I attended the deceased from 11-20-39, 19..., to 12-8-39, 19...; that I last saw him alive on 12-8-39, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes	3 yrs?
Due to: 59	
Due to:	
Other conditions: Gangrene - R. foot (Include pregnancy within 3 months of death)	6 wks.

Major findings:
Of operations: —
Of autopsy: —

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature: Robert M. Myers (M. D. or other)

Address: 1025 Rialto Bldg. Date signed 12-9-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39 I X19811

Rialto Bldg.,
Phone, Vic: 4751.

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2226

P. O. Address K.C. 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.