

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution:
317 Woodland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 32 years
years, months or days)

3. (a) PRINT FULL NAME John HARDIN. 635
8. (b) If veteran, name war None. 8. (c) Social Security No. 494-14-8854.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Hardin 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 27, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Kansas City Water Dept.

11. Industry or business Retired, One year

MOTHER FATHER { 12. Name Stephen Hardin.
18. Birthplace Kentucky.
14. Maiden name Mrs. Dulligan. (City, town, or county) (State or foreign country)
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Gene Arthur.
(b) Address 3508 East 25th St. (Daughter)

17. (a) Burial (b) Date thereof 12/27/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's (A.C.K.)

18. (a) Signature of funeral director Melody-McGilley.
(b) Address K. C. Mo.

19. (a) Dec. 26, 1938 (Date received local registrar) M. M. Brown (Registrar's signature)

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. 317 Woodland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25th
year 1939 hour 1:30 minute _____ A. M. / P. M.

21. I hereby certify that I attended the deceased from 12-18, 1939, to 12-25, 1939;
that I last saw him alive on 12-25, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Stearosis 70 yrs
Acute Pericardial dilatation

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no

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 M. J. Owens, M.D. (M. D. or other) M.D.
Address 1034 Rialto Bldg. Date signed 12/26/39

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.

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..... 2995

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.