

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

43600  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 400  
 (b) Township Paris Primary Registration District No. 55533 Registered No. 238  
 (c) City..... (d) Street No. Jackson Co. Emergency Hospital  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 908 Harpe Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 9 12

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

FATHER 13. NAME Peter De Hardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Sophie Teyke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Phil De Hardt  
908 Harpe, K. C., Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Missouri DATE Dec 31 1928

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ott + Mitchell  
Independence Mo.

20. FILED 12-29 1929 Lawrence Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 12/17/39, 19... to 12/19/39, 19...  
 I last saw him alive on 12/19/39, 19... Death is said to have occurred on the date stated above, at 6:26 P.  
 The principal cause of death and related causes of importance were as follows:

Ruptured Aortic Aneurysm 12/17/39  
 Aortic aneurysm 12/17/39  
 Aortic fibrillation  
 Other contributory causes of importance:  
 Paralytic ileus 2 days

Name of operation none Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

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 None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No  
 (Signature) W. J. Jackson, M. D.  
 (Address) Kansas City Mo

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.

629  
Sumner  
Nov 4/40

**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 Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address 3102 Main Ave

**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.**