

EO FEB 17 1940

State File No. \_\_\_\_\_

Registration District No. 301

Primary Registration District No. 4304-5666

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Linnemus Rural Local Creek  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Dupin Care 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 years  
 (Specify whether years, months or days)  
 In this community yes  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Linnemus - Rural  
 (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

3. (a) PRINT FULL NAME ALBERT HARDING 635

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3 14 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 15 hr. min.

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

10. Usual occupation Chores at Institution

11. Industry or business 0

MOTHER FATHER

12. Name William Harding 9  
 13. Birthplace don't know  
 (City, town, or county) (State or foreign country)  
 14. Maiden name don't know  
 15. Birthplace don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. E. Mahurin

(b) Address Linnemus Mo.

17. (a) Burial (b) Date thereof Jan 29-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Hill, Funeral Chapel

(b) Address Brookfield Mo.

19. (a) Jan 29 (b) Maud T. Webb  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
 year 1940 hour 5 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Oct 5 1939  
 to Jan 29 1940  
 that I last saw him alive on Jan 29 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis  
Alcoholism Duration 57 yrs.

Due to Chronic Hypertensive  
Heart Disease

Due to Heart Disease  
Chronic Hypertensive

Other conditions Acute Bronchitis 6 da.  
 (Include pregnancy within 3 months of death) (Terminal)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 131  
 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 Roy P. Haley (M. D. or other) M.D.  
 Address Brookfield Date signed 1-29-40

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.

RECEIVED

District Health Officer No. 111

District File Number 240-10

Date Filed FEB. 12 1940

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.....

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.