

FILED MAY 7 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Boone

(b) City or town Columbia MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No Rural Route 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 years
years, months or days

8. (a) PRINT FULL NAME SARAH Louie HARDIN 635

8. (b) If veteran, name war No

8. (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 JAMES Walter HARDIN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 18 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days X If less than one day _____ hr. _____ min.

9. Birthplace: HOWARD Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Steve Pemberton

13. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)

14. Maiden name EMILY KIRBY

15. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Hardin

(b) Address Route 6, Columbia, Mo

17. (a) Burial (b) Date thereof April 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK Cem

18. (a) Signature of funeral director R. Overitt

(b) Address Columbia Mo

19. (a) 4/19/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Rural Route 6
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1940 hour 7:35 minute A M.

21. I hereby certify that I attended the deceased from 3-1-
1940, to 4-17, 1940
that I last saw h alive on 4-16-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Dyscardia

Duration few mo.

Due to _____

Due to _____

Other conditions Flu, about 4-1-40
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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 W. P. Dyck (M. D. or other)

Address Columbia Mo Date signed 4-15-40

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,

....., Registered Apprentice No.
working under my personal supervision.

Signed Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.