

Registration District No. 796

Primary Registration District No. 3038

State File No. _____
Registrar's No. 62

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 762 So. Odell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Dr George Sidney Hardin
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr. day 11
year 1940 hour 1 minute 4 M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Knight Hardin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15, 1940, to Apr. 11, 1940;
that I last saw him alive on Apr. 10, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 29
If less than one day _____ hr. _____ min.

Immediate cause of death Malignant polyposis of the colon, of about 3 years duration
Duration _____

9. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Medical Doctor

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

11. Industry or business _____
12. Name Ben Hardin
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Cliffeth Senola
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature 762 Sp. Odell
(b) Address Mrs G. S. Hardin

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? _____

17. (a) Burial (b) Date thereof April 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park

While at work? 715 (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director John Short
(b) Address Marshall, Mo
19. (a) 4-12-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

23. Signature J. Manning (M. D. or other) _____
Address Marshall, Mo Date signed 4/12/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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. 8,
District Fire Number 5-14-40
Date Filed

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16201
Registrar's No. 62

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 796

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Dr. Geo. Sidney Hardin

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive 171 8 63 years

7. Birth date of deceased Oct - 13 - 1940
(Month) (Day) (Year)

8. AGE: Years X 706 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-11-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month apr day 11
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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 D. V. Meigs (M. D. or other) _____

Address Marshall Mo Date signed _____

SUPPLEMENTAL

