

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18558**

Registration District No. **14**

Primary Registration District No. **5496**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Calhoun, Rt. #2, Henderson**  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Rural, Calhoun**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Ila Nadine Bardoner 635**

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

4. Sex **Female** 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 **January 3, 1940**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th**  
year **1940** hour **between 12:30 and 1:00** M.

21. I hereby certify that I attended the deceased from **April 9** 19**40** to **April 9** 19**40** that I last saw **her** **alive** on **April 9** 19**40** and that death occurred on the date and hour stated above.

8. AGE: Years **0** Months **3** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **at home**

Immediate cause of death **Suffocation**

Due to **Centum pleural in back clothes**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **182**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Omer Bardoner**

13. Birthplace **Center Point, Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Collins**

15. Birthplace **Windsor, Missouri**  
(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 **Omer Bardoner**  
(b) Address **Calhoun, Missouri**

17. (a) **Burial** (b) Date thereof **April 10, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner 31**  
(b) Address **Windsor, Missouri**

19. (a) **4-10-40** (b) **H. J. Demaris 30**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Apr. 9**

40 Where did injury occur? **Henry mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In bed at home**

While engaged in \_\_\_\_\_ (Specify type of place) (e) Means of injury **Suffocation**

23. Signature **H. J. Demaris** (M. D. or other) \_\_\_\_\_  
Address **Windsor** Date signed **4-9-40**

RECEIVED

District Health Officer No. 7,

District No. Number 5-40-8-5-3

Date Filed 5-28-1940

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 *Edw. M. Hunter*

Licensed Embalmer No. 3391

P. O. Address *Windsor, Md.*

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.