FILED AUG 9 1940

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

25396
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township or City Carterville — Primary Registration District No. 3020 — Registered No.
(c) (d) Street No. ..... St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 636 William Riley Hardee
(a) Residence, No. England Hill St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Hardee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1885
7. AGE: YEARS 55 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Miner
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): Carterville Missouri O.

FATHER
13. NAME: Riley Hardee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Susie Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie County Missouri 10

17. INFORMANT (ADDRESS): Mrs Bessie Hardee Carterville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Webb City Cem DATE: July 8, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Webb City Undertaking Co Webb City Mo
20. FILED July 8, 1940. J. W. Clark. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1940
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....
I last saw him alive on dead July 6, 1940 Death is said to have occurred on the date stated above, at 8 20 a.m.
The principal cause of death and related causes of importance were as follows:
Heart Black — Date of onset
45 W
Other contributory causes of importance: —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? View

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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) A. A. Winchester, Coroner, M. D.
369 (Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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43-8-267.

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 myself,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City 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.