No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31481

OCT 10 1940

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1044

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 710 Jules Street (If rural, give location)

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

3. (a) PRINT FULL NAME Ida Harden

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 widowed

6. (b) Name of husband or wife T. J. Harden

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

7. Birth date of deceased November (Month) 28 (Day) 1880 (Year)

8. AGE: Years 59 Months 9 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired

11. Industry or business Housewife

FATHER
12. Name William Ledington
13. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Susan James
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Nell Messengers

(b) Address R. F. D. #5, St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 28, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Memorial Park Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 9/30/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1940 hour 9 minute 26 p. M.

21. I hereby certify that I attended the deceased from Sept 22, 1940, to Sept 26, 1940, that I last saw her alive on Sept. 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 wk.
Due to chronic asthmatic bronchitis	25 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107 D

Major findings:
Of operations
Of autopsy Bronchopneumonia chronic bronchitis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold J. Brumm (M. D. ~~or other~~)

Address 825 Charles, St. Joseph Date signed 9-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Kelly

Licensed Embalmer No. A 3946

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.