DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41621

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 5014

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town 506 Merriam (If outside city or town limits write "RURAL")

(d) Street No. 506 W Bartcliff Road (If rural, give location)

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

3. (a) PRINT FULL NAME Frank A. Hardesty

3. (b) If veteran, name war None

3. (c) Social Security No. 714-01-6560

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgia Hardesty

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan 18 (Month) 1887 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
53	53	11	13	hr. min.

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

10. Usual occupation R.R. Expess & Messinger

11. Industry or business Railroad Express Co.

FATHER
12. Name Frank M. Hardesty
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maude M. Vinson
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Georgia Hardesty

(b) Address 506 W Bartcliff Road

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Merriam Kans. (Month) 1 (Day) 2 (Year) 41

(c) Place: burial or cremation Shawnee Kansas

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 41 & State Line

19. (a) 12-31-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 40 hour 7 A.M. minute 30 M.

21. I hereby certify that I attended the deceased from 3-5, 1940, to 12-31, 1940, that I last saw him alive on 12-31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis Basilar Arteries	12-26-40
Due to Arterio Sclerosis	?
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cerebral Thrombosis — Arterio Sclerosis —

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) no

(b) Date of occurrence —

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury —

23. Signature H E Ernie MD (M. D. or other)

Address 632 Prof Bldg Kans Date signed 12-31-40

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.