

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43149

State File No.

Registration District No. 10556

Primary Registration District No. 5750

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Mercur
(b) City or town Mercur
(c) Name of hospital or institution: County Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 1 years, months or days

3. (a) PRINT FULL NAME

John Bardwell
3. (b) If veteran name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Divorced 6. (c) Age of husband or wife if alive 15 years (Day) (Year)
7. Birth date of deceased July 15 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Perice Bardwell

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

14. Maiden name Anna Mercur

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

16. (a) Informant Pete Bardwell

(b) Address Mercur Mo

17. (a) Burial (b) Date thereof Dec 2-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Joe Moore

(b) Address Mercur Mo

19. (a) 12/12-40 (b) JM Berry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercur
(c) City or town Princeton Mo
(d) Street No. RFR 2
(e) If foreign born, how long in U. S. A. USA years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1940 hour 6 minute 0 PM

21. I hereby certify that I attended the deceased from July 1-1938 to Dec 11 1940
that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 place of injury)

23. Signature JM Berry (M. D. or)

Address Princeton Mo Date signed 12/12-40

FEB 8 1954

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.