

1-10-39
17-39
X21492

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

1940 FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2749

Registration District No. 378 Primary Registration District No. 4322 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette
(c) Name of hospital or institution: Lee Hospital
(d) Length of stay: In hospital or institution 12-18-40-1-9-41
In this community years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette, Harrisburg
(d) Street No. 0
(e) If foreign born, how long in U. S. A.?

8. (a) PRINTED FULL NAME: Joseph William Hord
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1-10 day 10 9th
year 1941 hour 4:00 am minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Hord
6. (c) Age of husband or wife if alive 4 years

21. I hereby certify that I attended the deceased from July, 1940, to 1-10 9th, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec, 10th 1864
8. AGE: Year 75 Months 76 Days 0 29
If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of larynx (head) with metastasis
Due to 469

9. Birthplace Missouri
10. Usual occupation At home

Other conditions Chronic nephritis
Due to _____

11. Industry or business _____
12. Name Tandy Hord
13. Birthplace Missouri
14. Maiden name Sally Petty
15. Birthplace Missouri

Major findings: Of operations none
Of autopsy none

16. (a) Informant Mrs Florence Hord
(b) Address Harrisburg, Mo.
17. (a) Burial (b) Date thereof Jan 11th 1941
(c) Place: burial or cremation Harrisburg

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Guy T. Halley
(b) Address Fayette, Mo.
19. (a) 1-11-41 (b) Anne C. Tindal
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wa Bloom (M. D. or other) MD
Address Fayette Date signed 1-9-41

Duration 6 mos
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-13-41

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 Guy T. Halling

Licensed Embalmer No. 2966

P. O. Address Fayette St

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2749

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(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)

3. (a) PRINT FULL NAME Joseph Wm Hard

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased Dec - 10 - 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-11-41 (b) Anna P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 type of place) _____
(e) Means of injury _____

23. Signature M. A. Bloom (M. D. or other) _____

Address Fayette Date signed _____

SUPPLEMENTARY

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

