

MAILED MAY 8 1941

STANDARD CERTIFICATE OF DEATH

14194

State File No. _____

Registration District No. 130

Primary Registration District No. 5192

Registrar's No. 52

1. PLACE OF DEATH: Carroll
 (a) County Carroll
 (b) City or town Rural Jester Mo.
 (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 until Death
 years, months or days)

3. (a) PRINT FULL NAME Lon. Hardwick
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lena Hardwick
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 12 1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Carroll County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER
 12. Name John T. Hardwick
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Annan
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Crawford
 (b) Address Parrottton, Mo.

17. (a) Burial (b) Date thereof 4-18-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beats Cemetery

18. (a) Signature of funeral director John S. Deitch

(b) Address North St. Jester

19. (a) 4-12-41 (b) John Hoskins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Carroll
 (c) City or town Rural Jester Mo.
 (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 April day 11 year 1941 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 10 to April 12, 1941, that I last saw him alive on April 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
 Due to flu
 Due to lotar
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration 3 da.
 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? _____

130 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. H. Hunter (M. D. or other) _____
 Address Carrollton, Mo. Date signed April 19

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-6-41

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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, fact should be so stated above.