

Registration District No. 183

Primary Registration District No. 0263

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town rural - Logan 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 18 mo. years, months or days

3. (a) PRINT FULL NAME Charles Frances Hardman

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 div 3

6. (b) Name of husband or wife Flora Young Hardman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 11 - 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>2</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Dickmore

(b) Address Nixa - Mo. R-1

17. (a) Burial (b) Date thereof 4-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wrights cem.

18. (a) Signature of funeral director T. W. Maples

(b) Address Clever - Mo.

19. (a) April 10, 1941 (b) Idell Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian  
(c) City or town rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. Nixa - R#1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1941 hour 7:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from April 13  
1941, to April 14, 1941;  
that I last saw him alive on 14, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death acute dilatation and fatty degeneration of heart muscle.

Due to suppurative pyelitis with obstruction

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) A 2 W

Major findings: Of operations \_\_\_\_\_

Of autopsy Pyelitis suppurativa

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? 194  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. G. L. Tarver (M. D. or other) Dr  
Address Nixa - Mo Date signed 7-19-41

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

2  
6  
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RECEIVED

District Health Officer No. 6,

District File Number 541-789

Date Filed MAY 13 1944

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**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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Chever-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, above space should be left blank.**