

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1945
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14928

State File No. _____

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 50

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Warrensburg Twp. 0
(If rural, specify location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Earl Edwin Harding

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 29 41
1941 to Mar 31 1941
that I last saw him alive on Mar 31 1941
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced ✓ 0

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

7. Birth date of deceased: Sept. 10 1935
(Month) (Day) (Year)

Immediate cause of death dysphtheria

Due to _____

Due to 10

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

5 6 21 _____ hr. _____ min.

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Marion Harding

13. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Gladys Ferris

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

16. (a) Informant Marion E. Harding

(b) Address 713 Warrensburg Mo.

17. (a) Burial (b) Date thereof April 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Lem Jackson Co. Mo.

18. (a) Signature of funeral director W. J. Wilcox

(b) Address Warrensburg, Mo.

19. (a) April 1-1941 (b) Bertie Hendry
(Date received local registrar) (Registrar's signature)

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 Wm. D. Ballou (M. D. or other) MD

Address Warrensburg Mo. Date signed Mar 31 41

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

RECEIVED
District Health Officer No. 8,
District File Number
5-8-47
Date Filed

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.....

..... (*Not Embalmed*), 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.