No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 12 1941

Dr. Delzell

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17826

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 413

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1415 S. Kickapoo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 S. Kickapoo 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Albert Hardesty
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 Edith Bennett Hardesty
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec. (Month) 16 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	1	hr. min.

9. Birthplace Audrain County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Bakery Operator
FATHER
12. Name Felix Hardesty
13. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Catherine Gartin
15. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Edith Hardesty
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-19-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour 5 minute 30 p. M.
21. I hereby certify that I attended the deceased from May 10, 1941, to May 17, 1941; that I last saw him alive on May 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
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? (Specify type of place)
(e) While at work? (e) Means of injury
Signature W. A. Delzell (M. D. or other)
Address Springfield, Mo. Date signed May 19, 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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