MAY 30 1941

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

18301

Do not use this space.

1. PLACE OF DEATH
(a) County: Lincoln — Registration District No. 486
(b) Township: Hurricane — Primary Registration District No. 5649 — Registered No. 16
(c) City: Rural (d) Street No. / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dessie Willhite Hardin
(a) Residence, No. Lincoln Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF George Hardin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 1919
7. AGE: YEARS 21 MONTHS 8 DAYS 19 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) May 24, 41
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

FATHER
13. NAME Andrew Willhite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

MOTHER
15. MAIDEN NAME Minnie Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

17. INFORMANT Mrs Willhite
(ADDRESS) Eolia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alexander DATE May 26 1941

19. FUNERAL DIRECTOR (NAME) W. O. Dudley
(ADDRESS) Eolia Mo

20. FILED May 25, 1941 A. W. Powell Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1941

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Self inflicted gun shot wound in head | |
| Suicide | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-24, 1941
Where did injury occur? Elsberry, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In neighbor's home
Manner of injury Gunshot wound
Nature of injury Death

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. P. Riddle Coroner M. D.
(Address) Troy Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Licensed Embalmer's Statement on Reverse Side)

JUN 20 1941

**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 W D Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry 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.**