

Registration District No. 903

Primary Registration District No. 4345

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Frank City
(If outside city or town limits, write "RURAL" and name of township)
(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 47 yrs. years, months or days

3. (a) PRINT FULL NAME WALLACE HERBERT HARDY

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 single
6. (b) Name of husband or wife Stella Hardy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 29 1863 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Wm Hardy
13. Birthplace Franktown (City, town, or county) (State or foreign country)
14. Maiden name Chickman
15. Birthplace Franktown (City, town, or county) (State or foreign country)

16. (a) Informant Milo Hardy
(b) Address Frank City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb - 3 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation 2 E. 1st St. Frank City, Mo.

18. (a) Signature of funeral director A. C. Campbell
(b) Address Frank City, Mo.

19. (a) June 6, 1941 (b) Clifford (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Frank City (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1941 hour 9 o'clock minute _____ P. M.

21. I hereby certify that I attended the deceased from July 30 1939 to June 1 1941 that I last saw him alive on May 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 1 yr.

Due to _____

Due to _____

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: ✓ Of operations _____

Of autopsy ✓

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) While at work? (e) Means of injury ✓

23. Signature A. C. Campbell (Date signed) June 3, 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.....

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

Signed.....

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address, *Grant City, 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.