

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34372

BUREAU OF VITAL STATISTICS
FILED NOV 14 1941

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 973

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

1. PLACE OF DEATH: Buchannon, Mo.
 (a) County: St. Joseph, Mo.
 (b) City or town: St. Joseph, Mo.
 (c) Name of hospital or institution: Mo. Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 12 days
 In this community: 12 days
 years, months or days

3. (a) PRINT FULL NAME: Dolah Dolores Hardin

(b) If veteran, name war: X
 (c) Social Security No.: 490-16-9695

4. Sex: W
 5. Color or race: W
 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: April 6, 1920
 (Month) (Day) (Year)

8. AGE: Years: 21, Months: 4, Days: 1, If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Beauty Operator

11. Industry or business: _____

12. Name: J. H. Hardin

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

14. Maiden name: Nolia Clearing

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

16. (a) Informant: Mrs. Edith Wien

(b) Address: 307 W. 13th Kansas City Mo

17. (a) Removal: (Burial, cremation, or removal)
 (b) Date thereof: 10 8 41
 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetary, Gentry Co., Mo.

18. (a) Signature of funeral director: [Signature]
 (b) Address: Pattonsburg, Mo.

19. (a) 10/7/41 (Date received local registrar)
 (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Gentry 38
 (c) City or town: Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 6 miles S & W of McFall, Mo. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 7 year: 1941 hour: 10 minute: 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1941, to Oct. 7, 1941; that I last saw her alive on Oct. 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure
 Decompensation myocarditis
 Due to: myocarditis
 Due to: no history of previous infection
 Other conditions: mass myo
 (Include pregnancy within 3 months of death)

Duration

7 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations: _____
 Of autopsy: Refused. 95C²

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: H. S. Canood (M. D. or other) M. D.
 Address: St. Joseph, Mo. Date signed: 10-8-41

STATEMENT BY LICENSED EMBALMER

Will Be

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

G. Schomer

Licensed Embalmer No.

2857

P. O. Address Pattonsburg, 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.