. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED DEC 6 1941

Registration District No. 287

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5405

State File No. 38225

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural Clay Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Rives Rural
(If outside city or town limit write "RURAL")

(d) Street No. ½ mile South
(If rural, give location)

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

3. (a) PRINT FULL NAME Cleatus L. Hardin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb. (Month) 11 (Day) 1939 (Year)

8. AGE: Years 2 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Perry Hardin
13. Birthplace Adamsville Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lina Ivy
15. Birthplace Pocahuntas Ark (City, town, or county) (State or foreign country)

16. (a) Informant Robert Ivy
(b) Address Hornersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elder

18. (a) Signature of funeral director Emerson-Burns
(b) Address Hornersville Mo

19. (a) 11/16/41 (Date received local registrar) (b) C F Cops (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Unattended By a Physician 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 3rd Degree Burn Entire Body. Duration

Due to House Caught fire when a stove Exploded. Fire started with

Due to Kerosene Conflagration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 18 1/2
Of autopsy 15

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) 35
(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 George Gehrig D.O. (M. D. or other)
Address Corona of Dunklin Co Kennett Mo Date signed 11-17-41

260 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1341-1604
Date Filed 12/4/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38226

Registration District No. 287 Primary Registration District No. 5405 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cleatus L. Hardin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race a

6. (a) Single, widowed, married, divorced Inf.

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 11, 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? at Home on a Farm
(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 George Gilmore (M. D. or other)
Address Coronor Dunklin Co Kennett Mo Date signed