

FILED DEC 6 1941

Registration District No. 287

Primary Registration District No. 5405

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Union
(b) City or town Rural Clay Mo.
(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

3. (a) PRINT FULL NAME Lena O. Hardin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Sept. 27 - 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert J. Ivy

13. Birthplace Manassas, Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Eva A. Ivy

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

16. (a) Informant Robert J. Ivy

(b) Address Warrensburg, Mo

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

(c) Place: burial or cremation Crem

18. (a) Signature of funeral director Emergen-Burns

(b) Address Warrensburg, Mo

19. (a) 11/16/41 (b) E. L. Ope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Union

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

(d) Street No. 1/2 mile South
(If rural, give location)

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

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 _____
Not attended by a Physician
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
3rd Degree Burn Entire Body

Due to Home caught fire when a stove exploded fire started

Due to water thermostat conflagration

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

Major findings: Of operations _____
Of autopsy _____
1941/15

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 03.5

(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 George H. ... (M.D. or other) _____

Address Crown ... Date signed 11-17-41

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

39
17-39
X21492

RECEIVED

District Health Office No. 2,

District File Number 1341-160

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 with the above constitutes grounds for revocation of license.)

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

STANDARD CERTIFICATE OF DEATH

State File No. 38228

Registration District 287

Primary Registration District No. 5405

Registrar's No.

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town St. Paul
(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

Lena O. Harder

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased

Apr. 22, 19
(Month) (Day) (Year)

8. AGE:

Years 23 Months Days If less than one day
..... min.

9. Birthplace.....

(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

(City, town, or county) (State or foreign country)

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.....

year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....

that I last saw him..... live on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

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

(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 Lena O. Harder (City or town) (County) (State) or other)

Address St. Paul, Mo Date signed.....

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

SUPPLEMENTARY

