

DEC 10 1941  
Registration District No. 288

Primary Registration District No. 472

State File No. \_\_\_\_\_

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pennett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pennett Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether In this community years, months or days) 5 mos 9 days

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

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

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 June 7 - 1941  
(Month) (Day) (Year)

| 8. AGE: | Years | Months   | Days     | If less than one day |
|---------|-------|----------|----------|----------------------|
|         |       | <u>5</u> | <u>9</u> | hr. _____ min. _____ |

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Perry Hardin

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

14. Maiden name Lena Mae

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

16. (a) Informant Robert L. ...

(b) Address Adamsville mo

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

(c) Place: burial or cremation church

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

(b) Address Adamsville, mo

19. (a) 11-17-41 (b) Juba Blankenship  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

(c) City or town Rivers Rural  
(If outside city or town limits, 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 15

20. DATE OF DEATH: Month Nov day 15  
year 1941 hour 11:45 minute \_\_\_\_\_ p. a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death Burn

Due to During home

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 181

Major findings: 15

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 11/15/41 accident

(b) Date of occurrence 11/15/41

(c) Where did injury occur? Near Rivers mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. W. ... (M. D. or other) \_\_\_\_\_  
Address Pennett mo Date signed 11/15/41

Duration

3 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1241-1647

Date Filed 12/9/41

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**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.