

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

42647

State File No.

Registrar's No. 11

Registration District No. 645-1079

Primary Registration District No. 5857

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Secaucus - N.J.  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution most of life (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME GEORGE S. HARDEN

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 Married

6. (b) Name of husband or wife Ann's May Hardin 6. (c) Age of husband or wife if

7. Birth date of deceased July 10, 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Merchant & Farmer

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Wm. W. Hardin

(b) Address Secaucus N.J.

17. (a) Buried (b) Date thereof Nov-22-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel N.J.

18. (a) Signature of funeral director Wm. W. Hardin

(b) Address Secaucus N.J.

19. (a) 12-26-41 (b) Margaret Hutchinson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

(c) City or town Secaucus N.J. (If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1941 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 16 1941 to Nov. 19 1941

that I last saw him alive on Nov. 18 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Labar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury none

23. Signature P. E. Bushong (M. D. or other)

Address Garnesville Date signed 11-21-41

580 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 142-79

Date Filed JAN 9 1942

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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 by Mr. Roller  
Dec. 13, 1941*

Signed.....

*Denver Roller*

Licensed Embalmer No. 4006

P. O. Address.....

*avg. 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.