S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 138

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5192 3010

State File No. 6247

Registrar's No. 32

17

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton Mo. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Stallon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 - Hours 30 minutes (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Trotter twp - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Carrollton Mo R.F.D. #
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carolyn Sue Hardwick
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Monalle
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 16 (Day) 1941 (Year)

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

9. Birthplace Carroll County (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Geo Charles Leo Hardwick
13. Birthplace Carroll County (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Monalle Hardwick
15. Birthplace Carrollton County (City, town, or county) Mo (State or foreign country)
16. (a) Informant Chas. Leo Hardwick
(b) Address Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 19 (Day) 1942 (Year)
(c) Place: burial or cremation Beaty Cemetery
18. (a) Signature of funeral director John G Deitch
(b) Address Norbrook Mo
19. (a) 2-18-42 (Date received local registrar) (b) Mrs James R. Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 P.
year 1942 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from Feb. 15, 1942 to Feb. 17, 1942
that I last saw him alive on Feb. 17, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to Double Lobar	2 da.
Due to Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

108

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? (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 R. Hamilton Stallon Mo (M.D. Coroner)
Address Carrollton Mo Date signed Feb 17 42

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-42

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 me, Registered Apprentice No., working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Marbourne 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.