

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1942

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burke Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 S. Kickapoo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Edith Hardesty

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Feb. day 26
year 1942 hour 10 minute 30 p. M.

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

21. I hereby certify that I attended the deceased from Feb. 15
1942 to Feb. 26 1942
that I last saw h. lx alive on Feb. 26 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Geo. A. Hardesty 6. (c) Age of husband or wife if alive Dec years

Immediate cause of death Cerebral Hemorrhage Duration _____

7. Birth date of deceased. Oct. 20 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 6 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 830

10. Usual occupation None

11. Industry or business _____

Major findings: Of operations _____

12. Name Marion Bennett

Of autopsy _____

13. Birthplace Clark County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane O'Banion

15. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Major Norton Hardesty
(b) Address Fort Sill, Okla.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Feb 20 1942

17. (a) Burial (b) Date thereof Feb. 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 2-28-42 (b) S. W. Hardesty
(Date received local registrar) (Registrar's signature)

23. Signature W. Delzell (M. D. or other) mo.
Address Springfield, Mo. Date signed 2/27

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

9
2
8

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Walter E. Hamblen

Licensed Embalmer No. *3808*

P. O. Address.....

Springfield 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.

X