

FILED MAY 21 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 4167

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Cardwell
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin³⁵
(c) City or town Cardwell
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME

JERRY-WOODTOW-HARDY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 10th 1940
(Month) (Day) (Year)

8. AGE:

Years 1 Months 9 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Woodrow Hardy

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

14. Maiden name Ada L. Lewis

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

16. (a) Informant Woodrow Hardy

(b) Address Cardwell, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4/19/42
(Month) (Day) (Year)

(c) Place: burial or cremation Herrinsville, Mo.

18. (a) Signature of funeral director H. J. Howard

(b) Address Leadville, Ark.

19. (a) H. J. Howard
(Data for official registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 13

that I last saw him alive on April 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial unresolved

Due to malnutrition

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature M. C. Glasgow (M. D. _____)
Address Cardwell, Mo. Date signed 4-17-42

Duration

1 mo 2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 542-618

Date Filed 5-13-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. W. Howard*.....

Licensed Embalmer No. *3959*

P. O. Address *Leachville, Ark*

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.