

FILED JUN 15 1942
Registration District No. _____

Primary Registration District No. 3034

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 0
321 So. Ault
(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

3. (a) PRINT FULL NAME Joe Hardwick

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

4. Sex male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept 13^d 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	8	2	hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Hardwick

13. Birthplace _____ (City, town, or county) mo 0 (State or foreign country)

14. Maiden name Mancy B. Maddox

15. Birthplace _____ (City, town, or county) mo 0 (State or foreign country)

16. (a) Informant Mrs. Mammie Morris

(b) Address Moberly Mo

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

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly Mo.

19. (a) May 16-42 (b) Emma Nave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 3
(If outside city or town limits, write "RURAL")

(d) Street No. 321 So. Ault
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 1942 to May 15 1942
that I last saw he alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Ac. Cor. Collo. 18ea

Due to Ch. Myocarditis 10 yrs

Due to Ch. Nephritis 11

Due to Ch. Alcoholism 11

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1848

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) no

(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 0

23. Signature J. C. Buffetts (M. D. or other) _____
Address Moberly Mo Date signed 5/16/42

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

366

7

RECEIVED

District Health Officer No: 10

District File Number 6-42-1281

Date Filed JUN - 9 1942

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.....

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly, 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.