

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1942

Registration District No. 47

Primary Registration District No. 5088

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Grand River Sup
(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 48 years
In this community 48 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rural Grand River Sup
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME Rose RITA HARDMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Henry Hardman 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan 2 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Rayden Riggs Bisketts
13. Birthplace Salisbury Illinois
14. Maiden name Sarah Boyle
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Hardman
(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 7-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation besent Hill Cem, breath + dirt
18. (a) Signature of funeral director breath + dirt
(b) Address Adrian Mo

19. (a) July 17-42 (b) Ethel C. Stephens
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour 6 minute AM

21. I hereby certify that I attended the deceased from July 12 1942 to July 15 1942
that I last saw her alive on July 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death lung pressure on inferior vena cava + ascites Duration 5 days
Due to Malignancy of testicles 4 mo

Due to

Other conditions (include pregnancy within 3 months of death) 46 2
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?

While at work? (Specify type of place) ey
(e) Means of injury
23. Signature Dr. D. C. Colson (M. D. or other) DO
Address Adrian Mo Date signed 7/17/42

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

MOTHER FATHER

1299

88
RECEIVED

District Health Case No. 7,

District File Number 8-42-826

Date Filed 8-4-42,

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.....

Jud M. Smith # 5343

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian 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.