

FILED AUG 19 1942

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 119

I. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville, Mo. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nodaway County Infirmary 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Years  
In this community 8 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Hardesty

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Victory Hardesty 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 5, 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. --- min.

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

10. Usual occupation Laborer

11. Industry or business None

12. Name Ray Hardesty

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

14. Maiden name Sarah Martin

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Booth

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 7-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director [Signature]

(b) Address Maryville Mo

19. (a) August 1, 1942 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville, Missouri 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. (Rural)  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19, 1942 to July 20, 1942  
that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease  
Due to Smoking

Other conditions [Signature]  
(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 [Signature] (M. D. or other)  
Address [Signature] Date signed 7/24/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
0  
0

---

---

**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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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, above space should be left blank.**