

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27785

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 135

1. PLACE OF DEATH: **Nodaway**
 (a) County **Nodaway**
 (b) City or town **Maryville, Missouri**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **3 Years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway**
 (c) City or town **Maryville, Missouri (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3 Miles Southwest.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Alva Adonijah Hardisty**
 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 **Married**
 6. (b) Name of husband or wife **Sadie E. Hardisty**
 6. (c) Age of husband or wife if alive **47** years
 7. Birth date of deceased **May 14, 1883**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 18 hr. - - min.

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

10. Usual occupation **Farmer**
 11. Industry or business **None**

MOTHER FATHER
 12. Name **Adonijah Hardisty**
 13. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Virginia Penny**
 15. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Craig**
 (b) Address **Maryville, Missouri**
 17. (a) **Burial** (b) Date thereof **9-5-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Maryville, Missouri**

18. (a) Signature of funeral director **Price Funeral Home**
 (b) Address **Maryville, Mo.**
 19. (a) **9-5-42** (b) **Mary Coien**
 (Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept** day **2**
 year **1942** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on **Sept 2**, 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
 Due to **Hypertension & Arteriosclerosis**
 Other conditions (Include pregnancy within 3 months of death)
830

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) (e) Means of injury _____
 23. Signature **W.P. Jackson** (M. D. or other) _____
 Address **Maryville, Mo.** Date signed **9-4-42**

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

74
1
2

74

0

0

0

2

P.

1942

Duration

5 hours

1

PHYSICIAN

Underline the cause to which death should be charged statistically.

PHYSICIAN

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?

1268

NOV 9 1945

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 *Clara M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Marionville, 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.