V. S. No. 2
0M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29761

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 202

10
2
4

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

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution:
THE ELLIS FISCHEL STATE CANCER HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPAR 47

(c) City or town WEBB CITY 1
(If outside city or town limits, write "RURAL")

(d) Street No. 411 S. MAIN 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME DAVID HARDMAN

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 SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased APRIL (Month) 6 (Day) 1869 (Year)

8. AGE: Years 73 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace WAYNE (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation PRINTER AND PHOTOGRAPHER

11. Industry or business —

FATHER
12. Name ISRAEL HARDMAN
13. Birthplace WAYNE (City, town, or county) INDIANA 1 (State or foreign country)

MOTHER
14. Maiden name JEMIMA KOLB
15. Birthplace (City, town, or county) INDIANA 1 (State or foreign country)

16. (a) Informant PT. (DAVID HARDMAN)

(b) Address WEBB CITY, MISSOURI

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

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. O. Willett

(b) Address Columbia

19. (a) 9-18-1942 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 17
year 1942 hour 7 minute 35 A.M.

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

	Duration
Immediate cause of death Carcinoma of Stomach with metastases to all regional lymphatic nodes	2 yrs
Due to	
Due to	
Other conditions Pneumonia (Include pregnancy within 3 months of death)	

46

Major findings:
Of operations
Of autopsy same as above

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jansen V. Ackerman (M. D. or other) M.D.

Address Cancer Hospital Columbia MO Date signed 9/16/42

1250

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.