

FILED NOV 11 1942

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 14 days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Janey
(c) City or town Forsyth
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3. (a) PRINT FULL NAME HARRY HARDING Sr

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Dec 18th 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>10</u>	hr. _____ min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name James Harding

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hunt

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof Oct 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forsyth, Mo

18. (a) Signature of funeral director Wesley W. Karp

(b) Address Nevada, Mo

19. (a) Oct 29, 1942 (b) Elizabeth Ruchenshede
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 14th 1942 to Oct 28th 1942 that I last saw him alive on Oct 28th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Seriously with Senile Dementia

Due to _____
Due to 93d

Other conditions: Ch. Deg. Myocarditis
(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 G. S. Warack (M. D. or other)
Address Nevada, Mo Date signed 10/28/42

Duration _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7;

District File Number 11-42-1237

Date Filed 11-10-42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: Allen E. Gays

Licensed Embalmer No. 11968

P.O. Address Nevada, N

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.