

Registration District No. 518

Primary Registration District No. 5466

Registrar's No. 128

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural S. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osceola Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell
(c) City or town Fairplay
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Hardin, Mrs Myrtle

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 43 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec 11 - 1943 1943 to 2 - 11 1943

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

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

7. Birth date of deceased Feb 14 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Milan

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

14. Maiden name Miss Susan

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

16. (a) Informant Oleta M. Blount
(b) Address Fairplay Mo. Rt 1

17. (a) Burial (b) Date thereof 2/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director H. H. ...
(b) Address Springfield Mo.
19. (a) 2-13-43 (b) M. W. Handley
(Date received local registrar) (Registrar's signature)

that I last saw her alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Shock - following burn

Due to 1st degree entire body

Due to _____

Other conditions House did not burn
(Include pregnancy within 3 months of death)

Major findings: Of operations 1811

Of autopsy 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Feb 11 - 1943

(c) Where did injury occur? Fairplay, Caldwell Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place) (e) Means of injury from fire

23. Signature William J. ... (M. D. or other) DO
Address Berrywood Mo. Date signed Feb 11 1943

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

39
0
0

484

MAR 8 1943

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.....

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.

+