

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6463

FILED FEB 15 1942

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
901 N. 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME LEE, Hardy

3. (b) If veteran, name war No. 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 Sept 2 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name A. A. Hardy
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Mary Baldwin
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Smith
(b) Address Appleton City Mo
17. (a) BURIAL (b) Date thereof 12 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank J. [illegible]
(b) Address Appleton City Mo
19. (a) Jan. 13, 1942 (b) Georgia Kitephen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. E 3 mi. North of Appleton City Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/28, 1942 to 12-23, 1942
that I last saw him alive on 12-23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 2 hrs.
Due to Mitral disease

Other conditions (include pregnancy within 3 months of death) 92 lb
Major findings: Of operations None
Of autopsy None
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) (a) Means of injury
23. Signature Ed. C. [illegible] (b) Address Clinton Mo Date signed 12/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-43-119

Date Filed 2-8-43

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 MC
on the 23 day of Dec. 1942
working under my personal supervision.

Signed

Frank R.

Licensed Embalmer No.

1099

P. O. Address

Appleton City, 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.