

FILED FEB 15 1948  
Registration District No. 360

Primary Registration District No. 6225

108  
21  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution: State Hosp No 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 years 8 mo 13 days (Specify whether in this community... months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 211 E 45th St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME HENRIETTA-HARBORDT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept 17 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>3</u>	<u>29</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation formerly stenographer

11. Industry or business none

12. Name Carl Harbordt

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

14. Maiden name Johanna Marselle

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

16. (a) Informant Records State Hosp

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 1-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Martha E. Burdige

(b) Address Nevada, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1943 hour 6 minute — A.M.

21. I hereby certify that I attended the deceased from Oct, 1939 to Jan 15, 1943 that I last saw her alive on Jan 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia (bilateral)

Due to 107

Other conditions Dementia Praecox  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations no operation

Of autopsy no autopsy

Duration

2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Paul L. Barone (M. D. or other) Address State Hosp No 3 Date signed Jan 15

RECEIVED  
District Health Officer No. 7,  
District File Number 1-43-59  
Date Filed 2-4-43

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

Signed Mark Eichinger  
Licensed Embalmer No. 2656  
P. O. Address Nevada, 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.