

S. No. 2  
M-1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
64  
3  
4

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution:  
523 South Hayden  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion

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

(d) Street No. 523 South Hayden  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James T. Ardrey

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 Married

6. (b) Name of husband or wife Sophia Ardrey 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 20, 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repairer

11. Industry or business XX

12. Name William G. Ardrey

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

14. Maiden name Charity C. Turley

15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James T. Ardrey

(b) Address 523 South Hayden

17. (a) Burial (b) Date thereof 2/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director W. G. Smith

(b) Address 902 Broadway

19. (a) 2-23-43 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 20  
year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 22 1942 to Feb 19 1943  
that I last saw him alive on Feb 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Tubercular Laryngitis  
(Include pregnancy within 3 months of death)

Major findings: W. G. Smith M.D.  
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 W. G. Smith (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 2-29-43

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

1146

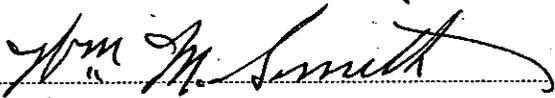
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... George T. Bond ....., Registered Apprentice No. 350 .....,  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

**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.**