No. 2
9-4-41
5-17-39
I 2-1-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13203

FILED MAY 3 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1611

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Lakeside Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 1 Day (Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED: 9913

(a) State Kansas (b) County Miami 14

(c) City or town Osawatomie 0
(If outside city or town limits, write "RURAL")

(d) Street No. 301 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------- 2

3. (a) PRINT FULL NAME Burton Gary Hardesty

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 October (Month) 2 (Day) 1942 (Year)

8. AGE: Years | Months 6 | Days 0 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Infant

11. Industry or business -------

FATHER
12. Name Glenn Hardesty
13. Birthplace Garnett (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Virginia Hubbard
15. Birthplace Kincaid (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr. Glenn Hardesty

(b) Address Osawatomie, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4/4/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour 5 minute 11 P. M.

21. I hereby certify that I attended the deceased from March 31st, 1943 to April 2, 1943 that I last saw him alive on April 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Complete cardiac & respiratory failure	
Due to: Surgical shock, 41	
Due to: Removal of spinning adenocarcinoma of liver Hydatid Cyst	
Other conditions (Include pregnancy within 3 months of death): Destruction of 3/4 of liver	

Major findings: Of operation: Massive cystic growth containing numerous tumorous growths

Of autopsy: 0

PHYSICIAN — Underline 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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Chas. L. Cayny (M. D. or other) MD

Address Chambers Bldg. Date signed 4-2-43

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Rusenber

Licensed Embalmer No. 4070

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 1601

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Burton Gary Hardesty

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months 6 mo | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 4/11/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete cardiac & respiratory failure	
Due to Surgical shock	
Due to Removal of Congenital mesenteric Hydatid cyst from liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. L. Curry (M. D. or other) D.O.
Address Chambers Bldg Date signed 4-10-43

S-13203