

FILED MAY 5 1943
Registration District No. **149**

Primary Registration District No. **1002**

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:
505 East 60th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 Years** (Specify whether years, 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. **505 East 60th Street** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **-----**

3. (a) PRINT FULL NAME **Mr. Roy Hardiman**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **496-01-8041**

4. Sex **Male** 5. Color or Race **White**
6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Mrs. Elvena Hardiman**
6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **October 18 1889**
(Month) (Day) (Year)

8. AGE: Years **53** Months **5** Days **28**
If less than one day hr. min.

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

10. Usual occupation **Superintendent**

11. Industry or business **National Candy Company**

MOTHER FATHER

12. Name **John Hardiman**

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

14. Maiden name **Ada Ford**

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

16. (a) Informant **Mrs. Elvena Hardiman**

(b) Address **505 East 60th Street**

17. (a) **Burial** (b) Date thereof **April 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Calvary Cemetery**

18. (a) Signature of funeral director **O. N. Newsome**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **4-17-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16th**
1943 year **1943** hour **6:00** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **-----** 19 **-----** to **-----** 19 **-----**
that I last saw him alive on **April 16**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Emboli**

Due to **Myocardial Thrombosis**

Due to **Cardiac hypertrophy from aortic regurgitation**

Other conditions: **Aortic**
(Include pregnancy within 3 months of death) **920**

Major findings: Of operations **-----**

Of autopsy **Same as above**

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 **Ronald V. Newsome** (M.-D. or other) **MD**
Address **Playa del Rey, Calif.** Date signed **4/16/43**

Duration **5 years**
Physician **5421**
Underline the cause to which death should be charged statistically.

361

Hardman

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 Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address..... *K. C. 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.