

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13900**

14
1
2
FILED MAY 11 1943

Primary Registration District No. **3008**

Registrar's No. **102**

1. PLACE OF DEATH:

(a) County **Cathaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **State Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr 1 m 25 d**
(Specify whether
In this community **2**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Monroe**
(c) City or town **Hummersville**
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Weldon Hardisty**

3. (b) If veteran, name war **DK** 3. (c) Social Security No. **DK**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wife** 6. (c) Age of husband or wife if alive **22 years**
7. Birth date of deceased **Mar 31 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **George T Hardisty**
13. Birthplace **Monroe Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Emilie Bross**
15. Birthplace **Monroe Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records**
(b) Address _____

17. (a) **Removed** (b) Date thereof **Apr 6 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hummersville Mo**

18. (a) Signature of funeral director **Joe J. [Signature]**
(b) Address **Fulton Missouri**

19. (a) **4-6 1943** (b) **Jessie Mouskoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1943** hour **8-25** minute **0** M.

21. I hereby certify that I attended the deceased from **4/2** 1943 to **4/6** 1943
that I last saw him alive on **4/6** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **4d**
Due to **Atherosclerosis**

Other conditions (include pregnancy within 3 months of death) **93e**

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? _____

23. Signature **George T. [Signature]** (M. D. or other) **MD**
Address **Fulton Mo** Date signed **4/6/43**

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

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 *Leo G Wallace*.....

Licensed Embalmer No. *3373*.....

P. O. Address *Fulton 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.