

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14760
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 184
(b) Township Bronfield Primary Registration District No. 30.38 Registered No. 168
(c) City Bronfield (d) Street No. 1 St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bronfield, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 2, 1943</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ruth E. Hardin</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 25, 1943</u> , to <u>Apr 2, 1943</u> I last saw him alive on <u>April 2, 1943</u> . Death is said to have occurred on the date stated above, at <u>12:20 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Serious ocular</u> Date of onset <u>7 da</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 12, 1878</u>					13/10	
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.	Other contributory causes of importance: <u>Hypertension - Arteriosclerosis, chronic interstitial nephritis</u> 1 yr.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>				Name of operation <u>0</u> Date of <u>0</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>0</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>0</u>					
FATHER	10. Date deceased last worked at this occupation (month and year) <u>1923</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>0</u> Date of injury <u>0</u> , 19... Where did injury occur? <u>0</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>0</u> Nature of injury <u>0</u>	
	11. Total time (years) spent in this occupation <u>20 yrs</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co, Mo</u>					24. Was disease or injury in any way related to occupation of deceased? <u>0</u> If so, specify <u>0</u> (Signed) <u>Jess M. Taylor</u> , M. D. (Address) <u>Bronfield, Mo</u>	
13. NAME <u>George W. Hardin</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Pleasant Iowa 1</u>						
MOTHER	15. MAIDEN NAME <u>Bessie, Miss May</u>				20. FILED <u>4-3-1943</u> <u>W. W. Cannon</u> Local Registrar.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada 2</u>					
17. INFORMANT <u>Mrs. Ruth E. Hardin</u> (ADDRESS) <u>Bronfield, Mo.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Apr. 4 '43</u>						
19. FUNERAL DIRECTOR (NAME) <u>James M. Thraughton</u> (ADDRESS) <u>Marion, Mo</u>						

FILED MAY 6 1943
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20 MA-1-1 X10028

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 *Dale Bunch*

Licensed Embalmer No. *4088*

P. O. Address *Marceline 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, above space should be left blank.