

FILED MAY 10 1943
Registration District No. 235

Primary Registration District No. 4350

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

(c) City or town SYRACUSE, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. NO STREET NUMBERS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NATIVE

3. (a) PRINT FULL NAME MAGGIE V. HARDEY

MEDICAL CERTIFICATION

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

20. DATE OF DEATH: Month APRIL day 27th
year 1943 hour 12 minute 10 A.M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

21. I hereby certify that I attended the deceased from April 27, 1943 to April 27, 1943
that I last saw her alive on Apr 25, 1943
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife AP. W. HARDEY

6. (c) Age of husband or wife if alive 77 years

Immediate cause of death apoplexy

Duration 5 days

7. Birth date of deceased JULY, 9th. 1876
(Month) (Day) (Year)

Due to Hypertension 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>18</u>	hr. _____ min.

Due to _____

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

Other conditions 830
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____

11. Industry or business HOME

Of autopsy _____

Underline the cause to which death should be charged statistically.

12. Name SAMUEL HUFFMAN

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name MARGARET BURNETT

(b) Date of occurrence _____

15. Birthplace COOPER COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

(c) Where did injury occur? _____
(City or town) (County) (State)

16. (a) Informant A. W. HARDEY

(b) Address SYRACUSE, MISSOURI

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof 4-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation SYRACUSE, MO.

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

18. (a) Signature of funeral director Jessie E. Richards

(b) Address SEPTON, MISSOURI

23. Signature Walter H. Logg (M. D.)
Address Stoddard, Mo Date signed 4/29/43

19. (a) 4-30-43
(Date received local registrar)

Opal Boulevard
(Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 4-43-143
Date Filed 5-5-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton

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.