No. 7
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15230

Registration District No. 314 Primary Registration District No. 6061 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Gerster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Dallas Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Gerster 0
(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 0

3. (a) PRINT FULL NAME Lucy Adline Harden

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife T. F. Harden

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

7. Birth date of deceased June (Month) 24 (Day) 1869 (Year)

8. AGE: Years 73 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Kings Prairie (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James Edward De Loizer
13. Birthplace Unkwon (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mollisa Jane Todd
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant T. F. Harden
(b) Address Gerster, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 2 (Day) 1943 (Year)
(c) Place: burial or cremation Kings Prairie

18. (a) Signature of funeral director Gilbert Hathaway
(b) Address Wheatland, Mo

19. (a) 4-16-43 (Date received local registrar) (b) F B Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 3 minute 10 P M.

21. I hereby certify that I attended the deceased from November 1942, 19, to, 19;
that I last saw her alive on November 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Myocardial Failure

Due to Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature W. N. G. R. Easton (M. D. or other) D. O.
Address Heanblean, Mo Date signed April 7, 1943

.1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-43-234
Date Filed 5-4-43

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

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo

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

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

V. S. No. 2B
0M—8-21-41
I X29288

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. 15-230

Registration District No. 314 Primary Registration District No. 6061 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Gerster (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 Lucy A Harden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

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 73 Months 9 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

MOTHER FATHER

12. Name

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

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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 31 year 1943 hour minute M.

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

Immediate cause of death	Duration
Congestive failure	
Due to Nephritis	
Due to	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

31

S-15230