. S. No. 2
OM—5-42
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19317

State File No.

FILED JUN 15 1948

Registration District No. 359 Primary Registration District No. 6217 Registrar's No. 20

108
0
0

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural - Badger, Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada, R#2 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108 0 0
(c) City or town Nevada Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R#2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vera Ann Harding
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fm
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Harding
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Sept (Month) 6 (Day) 1860 (Year)

8. AGE: Years 82 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Eldorado Springs, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business own home
FATHER
12. Name
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Lillie Kessler
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Missouri
19. (a) May 22, 1943 (Date received local registrar) (b) Wessner Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour 7 minute 00 P M.
21. I hereby certify that I attended the deceased from March 29, 1943, to May 4, 1943 that I last saw her alive on May 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	2 da
Due to Hypertensive Cardio Renal disease	?
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

131a

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 Wm H. Allen (M. D. or other) MD
Address Nevada Mo Date signed 5-10-43

1226 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 71
District File Number 3-43-488
Date Filed 6-18-43

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 [illegible]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.