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FILED JUN 18 1943Registration District No. 146Primary Registration District No. 3026Registrar's No. 129

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1123 W. College  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY C. HARDWICK3. (b) If veteran, name war ..... 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive years7. Birth date of deceased Apr. 18 1858  
(Month) (Day) (Year)8. AGE: Years 85 Months 0 Days 16 If less than one day hr. min.9. Birthplace Carroll Co, Mo. U.S.  
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

12. Name Mr. H. Hardwick13. Birthplace Carroll Co. Mo. U.S.  
(City, town, or county) (State or foreign country)14. Maiden name Jessie Ann Bracken  
(City, town, or county) (State or foreign country)15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)16. (a) Informant Edw. W. Hobelman(b) Address 1123 W. College17. (a) burial (b) Date thereof 5/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mount Zion18. (a) Signature of funeral director George C. Carson(b) Address Independence Mo.19. (a) 5-6-1943 (b) James Wedel  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1123 W. College  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

## MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 4  
year 1943 hour 1:30 minute P. M.21. I hereby certify that I attended the deceased from March 5, 43  
....., 19....., to May 4, 1943.that I last saw her alive on May 4, 1943,  
and that death occurred on the date and hour stated above.Immediate cause of death Senility  
Ch. Myocarditis  
Ch. Nephritis

Due to .....

Due to .....

Other conditions Fracture of rib skull ✓ 5-3-43  
(Include pregnancy within 3 months of death)Major findings:  
Of operations .....

Of autopsy .....

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

(a) Accident, suicide, or homicide (specify) 120 ✓

(b) Date of occurrence .....

(c) Where did injury occur? .....

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

While at work no (Specify type of place) (e) Means of injury no ✓23. Signature George Wedel (M. D. or other) ✓Address 11037 William Rd. Indip Date signed 5-6-43

**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 *Floyd C Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.**

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME Mary G. Hardwick

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr 18 1900  
(Month) (Day) (Year)

8. AGE: 85 Years 0 Months 0 Days 0 min. (If less than one day)

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

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) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1943 year 12 hour 4 minute \_\_\_\_\_ M.

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fracture of shoulder  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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

(b) Date of occurrence May 4 43

(c) Where did injury occur? Home Indep Jackson Mo  
(City or town) (County) (State)

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

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Fall

23. Signature George W. Park (M. D. or other)  
Address 1103 W. Win Date signed 5.26.43

SUPPLEMENTARY

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

MOTHER FATHER

5-21552