V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30742

State File No. 3760

FILED SEP 21 19[illegible]

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: 5822 Locust Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether

In this community 14 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 5822 Locust Street, 8 (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Allen Proctor Harding,

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-03-3642

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife x

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

7. Birth date of deceased March (Month) 15 (Day) 1914 (Year)

8. AGE: Years 29 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Advertising Manager

11. Industry or business H. D. Lee Mercantile Co.,

FATHER
12. Name George W. Harding,
13. Birthplace Illinois, / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary L. Anderson,
15. Birthplace Illinois, / (City, town, or county) (State or foreign country)

16. (a) Informant George W. Harding,

(b) Address 5822 Locust St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-31-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on August 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	13 yrs
Chronic Glomerular Nephritis	1 yr +
Terminal Acute Infection Lower Lip	2 wks.
Due to (Staphylococcic Infection)	
Due to 61	
Other conditions Belated Glaucoma. (Include pregnancy within 3 months of death)	3 mo.

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 0

23. Signature Joseph E. Weller (M. D. or other) MD

Address 836 Prof Bldg Date signed 8/30/43

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

Dr. Joseph E. Welker
Prof Bldg
836

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 J. Clair Sheppard

Licensed Embalmer No. 4199

P. O. Address [illegible]

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.