

S. No. 2
M-2-43
5-17-39
X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3825**
Registrar's No. **51**

FILED DEC 7 1943
Registration District No. **174**

Primary Registration District No. **4234**

47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Iron**
(b) City or town **Ironton**
(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 **twenty five years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **William Damascus Hardin**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lydia Hardin** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **March 7 1857**
(Month) (Day) (Year)

8. AGE: Years **86** Months **8** Days **23** If less than one day
hr. _____ min.

9. Birthplace **St. Francois County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Thomas Hardin**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann Cherry**
15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Hardin**

(b) Address **Ironton Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **12-1-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Arcadia Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Irionton Mo.**

19. (a) **Dec. 4** (Date received local registrar) (b) **Mrs. G. G. Daw Hall** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Iron**
(c) City or town **Ironton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30th**
year **1943** hour **9:50** minute **a. m.**

21. I hereby certify that I attended the deceased from **Nov. 28th** to **Nov. 30th** 19**43**
that I last saw him alive on **Nov. 30th** 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure**
Due to **chronic myocarditis**
Duration **11/30/43**
79

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN **932**
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 **R. E. Harland M.D.** (M.D. or other)

Address **Ironton, Mo** Date signed **12/2/43**

1365

RECEIVED

District Health Officer No. 4
District File Number 1243-296
Date Filed 12-6-43

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 Amel J. White
Licensed Embalmer No. 3012
P. O. Address Quinton Ave

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.