

FILED FEB 10 1944

Registration District No. 9/180

Primary Registration District No. 3058

Registrar's No. 11

1. PLACE OF DEATH: St Charles
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 125 N. Kingshighway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma C. Hardaway
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 10
 year 1944 hour 11 minute 50 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rev. R. M. Hardaway
 6. (c) Age of husband or wife if alive 89 years
 7. Birth date of deceased October 7, 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-30-41
 _____, 19____, to 1-10-44 19____;
 that I last saw her alive on 1-10-44 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 2 Days 24
 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchopneumonia Duration 1 week
 Due to _____
 Due to _____

9. Birthplace Meade County, Kentucky
 (City, town, or county) (State or foreign country)

Other conditions Chr. Myocarditis 10 yrs
Gen. arteriosclerosis (20 yrs)
 Major findings:
 Of operations _____
 Of autopsy 93d

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Cox

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

14. Maiden name Dorcas Clarkson

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

16. (a) Informant John Hardaway

(b) Address St. Louis, Mo

17. (a) Burial (b) Date thereof Jan. 12, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Waelmann-Paul

(b) Address 376 N. 6th St. St. Charles, Mo

19. (a) Jan 12, 1944 (b) Emest C. Paul
 (Date received local registrar) (Registrar's signature)

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?
 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature R. J. [unclear] (M. D. or other) _____
 Address St. Charles, Mo Date signed 1-12-44

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

72
9
3

MOTHER FATHER

FEB 1 1949

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..... *Arthur C. Bane*

Licensed Embalmer No. *3151*

P. O. Address..... *St. Charles, 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.