

FILED MAR 10 1944

Registration District No. 7

Primary Registration District No. 3019

35  
2  
2

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett

(c) Name of hospital or institution: Presnell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

(d) Street No. R. 2, Kennett (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilbur Hardin

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

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

6. (b) Name of husband or wife Ruth Hardin 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Dec 4 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 1 29 hr. min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Alonso Hardin

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

14. Maiden name Katherine Mason

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

16. (a) Informant Alonso Hardin

(b) Address Kennett Rural 2

17. (a) Burial (b) Date thereof 1-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Link W. Co

(b) Address Kennett Mo

19. (a) Feb 6 44 (b) J. J. Blaukschick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29  
year 1944 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-9 1943 to 1-29 1944  
that I last saw him alive on 1-29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Tuberculosis of intestines 6 Mos

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

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

Other conditions (Include pregnancy within 3 months of death) 15

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? \_\_\_\_\_

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

23. Signature J. H. Tressell (M. D. or other) MD  
Address Kennett Mo Date signed 3 hr 44

MAR 10 1944

RECEIVED

District Health Office No. 2,

District File Number 344-488

Date Filed 3-8-44

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 Walter A. Hawpawis  
Licensed Embalmer No. 2002  
P. O. Address Ken net 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.