

FILED FEB 21 1944

State File No. _____

Registration District No. 724

Primary Registration District No. 5459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center Township
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **37**
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 618 E. Pacific
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James V. Hardman

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Derr Hardman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 0 If less than one day
hr. _____ min. _____

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

10. Usual occupation Auto Mechanic

11. Industry or business _____

12. Name John T. Hardman

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

14. Maiden name Johanna Durbin

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

16. (a) Informant Paul Hardman

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Jan 20, 1944 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1944 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from
No Physician in attendance 19____ 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: Coronary occlusion

Due to _____

Due to _____

Other conditions: gfa
(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) _____

(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 Henry C. Stone (M. D. or other) _____

Address Springfield, Mo. Date signed 1-19-44

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

79
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12 45

RECEIVED

FEB 24 1944

Greene County Health Office,

County File Number 44-2-21

Date Filed 2-17-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.