

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

1. PLACE OF DEATH:

(a) County Sernon Washington

(b) City or town Neosho Two

(c) Name of hospital or institution: State Hospital # 3 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 48 days
(Specify whether years, months or days)

In this community In this District 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 108

(c) City or town Minden Mines 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARENA E HARDESTY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1944 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1-3-44
to 2-15-44
that I last saw her alive on 2-15-44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Isaac Newton Hardesty 6. (c) Age of husband or wife if alive, deceased years

7. Birth date of deceased June 24 1860
(Month) (Day) (Year)

Immediate cause of death chronic nephritis

Due to 131P

Due to _____

Other conditions senile psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 83 Months 7 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Calvin V. Lynch

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

14. Maiden name Matilda Carter

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

16. (a) Informant Minnie Helma

(b) Address Minden Mines Mo.

17. (a) Burial (b) Date thereof 2/17/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Kansas

18. (a) Signature of funeral director J. M. Berkey

(b) Address Mulberry Kansas

19. (a) 2-15-44 (b) Hazel B. Bewick
(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) no

(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 0

23. Signature Frank M. Rogers (M. D. or other) _____
Address State Hopt #3 Date signed 2-15-44

MAR 1 3 1944

Office No. 7,

2-44-269

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

J. M. Berkeley

Licensed Embalmer No. 2336

P. O. Address *Mulberry Kansas*

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.