No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 11726

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 D

(c) City or town Rural, Madison 0
(If outside city or town limits, write "RURAL")

(d) Street No. NorthEast of Holden, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country XXXX

3. (a) PRINT FULL NAME MATTIE MARTHA HARDIN (Negro)

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife George Hardin

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 18, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	22	hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Rolland Digge
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Curtis
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Hardin
(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Blackwater Cem.

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.

19. (a) 2-28-44 (Date received local registrar) (b) Mrs Anna Beyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1944 hour 7:55 minute P M.

21. I hereby certify that I attended the deceased from Feb 3, 1944, to Feb 10, 1944
that I last saw him alive on Feb 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitous,

Due to Ruptured Appendix

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature James M. Holmberg (M. D. or other)
Address Holden Mo Date signed 2/20/44

10 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Local Officer No. 8,
District Clerk
Date Filed 4-12-44

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.

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BUREAU OF THE CENSUS

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Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. april w del.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sedalia Colored 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 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

(c) City or town R.R. Madison - N.E. - Holden Mo
(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

3. (a) PRINT FULL NAME Mattie Martha Hardin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Negro

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

6. (b) Name of husband or wife George Hardin

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug (Month) 18 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	22	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 10 year 1944 hour 7:55 minute 8 M.

21. I hereby certify that I attended the deceased from Feby 4, 1944 to Feby 10, 1944 that I last saw her alive on Feby 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilated heart	6 days
Due to Cardiac Hypertrophy	only yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M B Wenckus (M. D. or other)

Address Sedalia, Mo Date signed 3/10/44

SUPPLEMENTARY

1022

(Licensed Embalmer's Statement on Reverse Side)

11726

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed .....

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.