

FILED MAY 11 1944

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 15

1. PLACE OF DEATH:

(c) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southeast of Highway 66, 3 blocks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. Street not named
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME CLEMEY E. HARDY

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY HARDY 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 22 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William Bishop

13. Birthplace Not Known USA (City, town, or county) (State or foreign country)

14. Maiden name SARAH KEENE

15. Birthplace Not Known USA (City, town, or county) (State or foreign country)

16. (a) Informant Anrabelle Ruggles

(b) Address Sullivan Mo

17. (a) Bourbon Mo (Burial, cremation, or removal) (b) Date thereof 5 5 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Hardy Cemetery

18. (a) Signature of funeral director C. Adams

(b) Address Bourbon Mo

19. (a) 5-5-44 (Date received local Registrar) (b) D. Gilbert Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1944 hour 12:15 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on May 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____

Other conditions (include pregnancy, within 3 months of death) 3rd

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 _____

Signature D. Gilbert Sullivan (M.D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
4
0

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-44

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

Edgar W. Saffore

Licensed Embalmer No.

3394

P. O. Address

Sullivan

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.