OM—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15427

FILED APR 25 1944

Registration District No. 2944 Primary Registration District No. 3052 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 3 days (Specify whether
In this community 3 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson 51
(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)
If yes, name country

3. (a) PRINT FULL NAME Mattie Martha Hardin

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

4. Sex Female
5. Color or race Negro
6. (a) ~~Single, widowed~~, married, divorced
6. (b) Name of husband or wife George
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 56 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Mo (State or foreign country)
10. Usual occupation house wife
11. Industry or business at home

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

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

16. (a) Informant George Hardin
(b) Address Holden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Blackwater Cem
18. (a) Signature of funeral director Conaday & Rapp
(b) Address Holden Mo
19. (a) 2-28-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1944 hour 7 minute 55 P.M.
21. I hereby certify that I attended the deceased from Feb 3 1944, 19 to Feb 10, 1944 that I last saw her 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 12/11
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)
(e) While at work? (e) Means of injury

23. Signature James N. Holmberg (M. ~~Dr or other~~) D.O.
Address Holden Mo Date signed 2-20-44

(Licensed Embalmer's Statement on Reverse Side)

IEALTH OF MISSOURI
CATE OF DEATH

State File No.

t No. Registrar's No.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson.

(c) City or town R. R. Madison.
(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)

If yes, name country

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Feb. 4 1944
, 19, to Feb. 10, 1944
that I last saw her alive on Feb. 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	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

This was Dr M B Weathers case and he was the diagnosing physician and not the D.O.

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. Weathers (M. D. ~~[illegible]~~)

Address Sedalia Mo Date signed 3-10-44

atement on Reverse Side)

11726

LICENSED EMBALMER

verse side of this certificate was embalmed by me, or by

Registered Apprentice No.

Signed by M L Carrada

Licensed Embalmer No. 3434

P. O. Address Holden mo

D EMBALMER in his OWN HANDWRITING. (Failure to comply with

bove.