

FILED JUN 7 1944

Registration District No. _____

Primary Registration District No. 2011

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
411 E. Benton St.
(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 Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. 411 E. Benton
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William David Hardin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Sarah Jane Newsom

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: June 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	11	6	hr. min.
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9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired shoemaker

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Hardin

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

14. Maiden name Martha Hardwick

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

16. (a) Informant Mrs. Monk

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 5/21/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Standley Funeral Home

(b) Address Carrollton, Mo.

19. (a) 5-20-44 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 14th, 1944 to May 19th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Shock + Hypostatic pneumonia
Duration 5 days

Due to Fractured Hip

Due to _____

Other conditions _____
(Include pregnancy, within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) ✓ 017

(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 W.G. Atwood (M. D. or other) _____
Address Carrollton Date signed 5/20/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-6-44

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

John A. Cantlon

Registered Apprentice No.

354

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No.

2525

P. O. Address

Carverton 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *June*

Registration District No. *50*

Primary Registration District No. *3011*

Registrar's No. *287*

1. PLACE OF DEATH:
(a) County *Carroll*
(b) City or town *Carrollton*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *was David Hardin*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month *May* day _____ year *1944* hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death *Shock*

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *June 12 1904*
(Month) (Day) (Year)

Duration _____
Due to *fracture hip due to a fall in yard at home May 14th 1944*

8. AGE: Years *78* Months *11* Days _____ (less than one day) min. _____

Other conditions (Include pregnancy within 3 months of death) *186a*
Major findings: Of operations _____
Of autopsy *39*

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

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

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

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) *accident*
(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) (c) Means of injury _____

23. Signature *William E. Atwood* (M. D. or other)
Address *Carrollton Mo* Date signed *6/17/44*

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

SUPPLEMENTARY

17706