V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5135

State File No. 24202

Registrar's No. 227

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural- Ash Hill Township
(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 1 (Specify whether years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural - Ash Hill Township
(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 Fred Hardy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jesse Hardy

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

7. Birth date of deceased October (Month) 5 (Day) 1894 (Year)

8. AGE: Years 49 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Hardy
13. Birthplace Wayne County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Samantha Belle Puckett
15. Birthplace Wayne County, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Jesse Hardy
(b) Address Fisk, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Mc Shain
(b) Address Fisk Missouri

19. (a) 7-11-44 (Date received local registrar) (b) Belle Shaine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1944 hour 10. minute A M.

21. I hereby certify that I attended the deceased from 7-7, 1944 to 7-9, 1944; that I last saw him alive on 7-7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension + arteriosclerosis

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 Wm Hampton (M. D. or other)
Address Poplar Bluff Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 744-973
Date Filed 7-20-44

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 .....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.