

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31251

FILED SEP 25 1944

State File No.

50

Registration District No. 174

Primary Registration District No. 5644

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington RFD #2
(c) Name of hospital or institution Lexington San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. RFD #2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Archie Hardwick

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife MARY D HARDWICK 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 7 1898
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Jack Hardwick

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

14. Maiden name Polly Gay

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

16. (a) Informant Mrs. Mary Hardwick

(b) Address Lexington, Mo.

17. (a) Burial (b) Date of burial Sept 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington

18. (a) Signature of funeral director P. C. Cunningham

(b) Address Sedalia, Mo.

19. (a) 9-8-1944 (b) Mrs. Fred Schwaab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1944 hour 12:05 AM minute M.
21. I hereby certify that I attended the deceased from Sept 4th 1944 to Sept 7th 1944, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration Bronchial
Due to Exposure

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 107
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?

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

23. Signature J. Smith (M. D. or other) Address Sedalia, Mo. Date signed 9/8/44

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

5400

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-23-44

SEP 25 1944

[Handwritten signature]

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 *Duane Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Sedalia 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.