V. S. No. 2
0M—9-4-41
Rev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33202

Registration District No. 42 Primary Registration District No. 1800 Registrar's No. 1043

1. PLACE OF DEATH

(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 yrs 11 mos (Specify whether years, months or days) In this community 3 days 1 yr
(e) Usual residence of deceased: Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson
(c) City or town: Independence (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: Sarah Hardin
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) 6 (Day) 1872 (Year)

8. AGE: Years 72 Months 7 Days 12 If less than one day hr. min.

9. Birthplace: Independence Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Hopkins Hardin
13. Birthplace: Beattsville Va (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Hallman
15. Birthplace: Beattsville Va (City, town, or county) (State or foreign country)
16. (a) Informant: John Hardin
(b) Address: Independence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 20, 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Woodlawn Indep.
18. (a) Signature of funeral director: Ott Mitchell
(b) Address: 310 N. Main Indep. Mo
19. (a) 10/18/44 (Date received local registrar) (b) Nelle J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 18 day year 1944 hour 1 PM minute M.
21. I hereby certify that I attended the deceased from March 1944 to Oct 18 1944 that I last saw her alive on Oct 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration 2 days
Due to: arteriosclerosis of many years duration
Due to: 0
Other conditions (Include pregnancy within 3 months of death): 0
Major findings: Of operations: 0
Of autopsy: No

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: [illegible] (M. D. or other)
Address: State Hospital #2 Date signed 10/18/1944

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(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.