

FILED JAN 16 1945
209

Registration District No. 209

Primary Registration District No. 3043

State File No.

Registrar's No. 378

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1809 Parkway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARtha JANE Hardy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 20 1917
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Expert Hardy
13. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha E Oliver
15. Birthplace Henderson Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Hardy
(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McClain Cemetery

18. (a) Signature of funeral director Jamieson
(b) Address Hannibal Mo

19. (a) 12-1-44 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11-16 1944 to 11-23 1944
that I last saw him alive on 11-22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration 1 week

Due to probably gastric ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 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: (a) Means of injury

23. Signature W. A. Deady (M. D. or other) MD
Address Hannibal Mo Date signed 11-28-44

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

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.....

Michael J. Donnell

Licensed Embalmer No.....

3246

P. O. Address.....

Farmington

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. 1-ek
Registrar's No. 278

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Maries Hannibal
(b) City or town Hannibal
(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
In this community..... years, months or days)

3. (a) PRINT FULL NAME

Martha J. Hardy

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased.....

July 20
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

if less than one day

27

3

3

min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

Supplementary

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).....

(Burial, cremation, or removal)

(b) Date thereof.....

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a).....

(Date received local registrar)

(b).....

(Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
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.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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..... (M. D. or other).....

Address..... Date signed.....

2854