V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5581

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 179

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: 2708 Ashland Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 87 years 8 month 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2708 Ashland Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma C. Hardin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jefferson D. Hardin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 5 (Day) 1867 (Year)

8. AGE: Years 87 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name William S. Albin
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Amanda S. Miller
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Esther E. Hardin
(b) Address 2708 Ashland Ave., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri
19. (a) 2/17/45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th. year 1945 hour 11 minute 10 A. M.
21. I hereby certify that I attended the deceased from Viewed Feb 11th 45 , 19 , to , 19 ; that I last saw h Viewed alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration

Due to

Due to 97

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations
none
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg Date signed 2/16/45

1371

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1945
SEP 17 1948

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~~ 2/15/45

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Missouri.

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.