S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

59
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6554

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 324 Cherry Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")

(d) Street No. 324 Cherry Street 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Lafayette Hardy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1857 (Year)

8. AGE: Years 87 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Scott County Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Arba L. Hardy
13. Birthplace New Hampshire 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Wingate
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant T.H.Hardy
(b) Address Sedalia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan- 31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo. Winslow Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe Mo.

19. (a) Jan 30 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1945 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 14, 1945, to Jan 27, 1945, that I last saw h 9 PM alive on January 27, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of the heart

Due to Cirrhosis of the liver also hardening of the

Due to Arthritis

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.

124 b

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 2

23. Signature Dr. Ann Samuelson (M. D. or other) D.O.

Address Chillicothe Mo. Date signed 1-29-46

458

(Licensed Embalmer's Statement on Reverse Side)

Samuelson

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~~ Elmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Billicotte 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.