

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 10 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital

(If not in hospital or institution, write street number & location)

(d) Length of stay: in hospital or institution 104-10M-9d

In this community 104-10M-9d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.

(d) Street No. 508 E. 12th St.

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Hardwick

3. (b) If veteran, name war _____

3. (c) Social Security No. DK

4. Sex MO 5. Color or race W

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 Sept. 6 1909

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>5</u>	<u>18</u>	hr. _____ min.

9. Birthplace DK 9

(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Hardwick

13. Birthplace DK 9

(City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace DK 9

(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address _____

17. (a) Removal (b) Date thereof 3/25/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferret Hill Cem. Kansas City, Mo.

18. (a) Signature of funeral director Wallece Funeral Home

(b) Address Fulton, Mo. (D.C. Brown, Mo.)

19. (a) 3-25-1945 (b) Jones Marshall

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24

year 1945 hour 4:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-7 1944 to 3-24 1945

that I last saw him alive on 3-24 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 Mo.

Due to _____

Due to 13k

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury ?

23. Signature K.E. Sherrill (M. D. or other) MD

Address Fulton, Mo. Date signed 3/24/45

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

14-1-20

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-9-45

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 Penzil P. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.