

FILED APR 28 1945

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

12864

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 436

1. PLACE OF DEATH:
 (a) County St. Charles
 (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 No 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 3 mo 3 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clay 11
 (c) City or town Liberty
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. No 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Philip Hardwick
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Mo 5. Color or race W
 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 June 3 1873
 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 7
 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Hardwick
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Hall
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Hospital
 (b) Address St. Joseph Mo

17. (a) Burial (b) Date thereof 4/16/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place of burial or cremation Tanner Liberty Mo
 (b) Signature of funeral director Ed Salzer
 (c) Address St. Joseph Mo
 19. (a) 4-16-45 (b) Ed Salzer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
 year 1945 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 4-10 1945 to 4-13 1945
 that I last saw him alive on 4-12 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
 Duration _____

Due to arteriosclerosis

Due to _____

Other conditions Embryal arteriosclerosis with somatic disease
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy 930
 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 Ed Salzer (M. D. or other) _____
 Address St. Joseph Mo Date signed 4/13/45

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

Church-Anchor Co; 511 (Licensed Embalmer's Statement on Reverse Side)

MAY 10 1945

11703

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 *Edgar Archer*

Licensed Embalmer No. *2311*

P. O. Address. *Lehigh, 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.