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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24096

FILED AUG 14 1945

Registration District No. ____ Primary Registration District No. 4237 Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County: Holt
(b) City or town: Craig Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Yrs and 11 MO. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Holt 44
(c) City or town: Mound City. (If outside city or town limits, write "RURAL") 1
(d) Street No.: No. (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rex Clifford Hardcastle.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug 22nd, 1937. (Month) (Day) (Year)
8. AGE: Years 7 Months 10 Days 18 If less than one day hr. min.
9. Birthplace: Fortescue (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation: School Child.
11. Industry or business
FATHER 12. Name: Clifford W. Hardcastle.
FATHER 13. Birthplace: Missouri. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Helen L. Dawson.
MOTHER 15. Birthplace: Mound City. Missouri. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Helen L. Hardcastle
(b) Address: Mound City. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 12. 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetry
18. (a) Signature of funeral director: M. Crawford
(b) Address: Mound City. Mo.
19. (a) July 12-45 (Date received by local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th. year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 9, 1945, to July 10, 1945, that I last saw him alive on July 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	Unknown
Due to: Infected Tonsils (Pus)	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Tonsillectomy
Of autopsy: 115#

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: O. C. White (M. D. or other)
Address: Craig, Mo. Date signed 7/12/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1824

P. O. Address Mound City 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.