

S. No. 2
M-5-43
7. 5-17-39
P 1 X36871

State File No. _____

Registrar's No. 9121

FILED NOV 28 1945
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 555 E. Elm Street
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME Virgil Montgomery Hardin

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lena Hardin

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

7. Birth date of deceased July 10, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>27</u>	hr. _____ min.

9. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Service Manager

11. Industry or business Heers Stores, Inc.

MOTHER FATHER

12. Name Tom Hardin

13. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Lula Sims

15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Hardin

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Nov. 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
Springfield, Missouri

(b) Address _____

19. (a) 11-13-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th,
year 1945 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov 6
1945 to Nov 7, 1945

that I last saw him alive on Nov 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 hr

Due to _____

Due to Coronary sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy [Signature]

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? _____

23. Signature [Signature] (M. D. or other) MD
Address Springfield, Mo Date signed 11/12/45

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

SEP 15 1950

MAR 11 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.....

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

working under my personal supervision.

Signed..... *L. A. Raaf*

Licensed Embalmer No. *3084*

P. O. Address..... *Springfield, 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.

X