

Reuber

Registration District No. **DEC 82 1945**

Primary Registration District No. **5823**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County. **New Madrid**  
(b) City or town. **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5 miles north of New Madrid**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community. **75 37** years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **New Madrid**  
(c) City or town. **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5 Miles North of New Madrid**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Leonardis Harden**

3. (b) If veteran, name war. **X** 3. (c) Social Security No. **X**

4. Sex. **M** 5. Color or race. **W** 6. (a) Single, widowed, married, divorced. **W 7**

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

7. Birth date of deceased. **1 26 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>26</b>	..... hr. .... min.

9. Birthplace. **Benton Co. Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Farming**

11. Industry or business.....

MOTHER FATHER { 12. Name. **Abe Harden**  
13. Birthplace. **Benton Co. Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name. **Unknown**  
15. Birthplace. **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant. **C.H. Harden**  
(b) Address. **Haiti, Mo.**

17. (a) **Burial** (b) Date thereof. **10/24/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Sikeston, Mo.**

18. (a) Signature of funeral director. **H.W. Albritton**  
(b) Address. **Sikeston, Mo.**

19. (a) **11-27-45** (b) **Helen Land Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **22**  
year **1945** hour **7** minute **20** a.m.

21. I hereby certify that I attended the deceased from **April 10, 1945** to **October 21, 1945**; that I last saw him alive on **October 21, 1945**; and that death occurred on the date and hour stated above.

Immediate cause of death. **Cardiac asthma** Duration **April 1945**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... **950**

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. **g**

23. Signature. **H. Reuber** (M.D. or other) **D. O.**  
Address. **Sikeston, Missouri** Date signed **11-1-45**

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

RECEIVED

District Health Office No. 2,

District File Number 1245-3400

Date Filed 12-11-45

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.....

.....Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed John Alenton

Licensed Embalmer No. 2941

P.O. Address Sikeston, 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.