DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38052

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 137

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

**1. PLACE OF DEATH:**

(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 20 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2423 Porter (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Raymond Hardwick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lelah
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 27, 1911 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 34 | 9 | 21 | hr. min. |

9. Birthplace Leade (City, town, or county) S Dakota (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER
12. Name Frank Hardwick
13. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Kate Rakestraw
15. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Carroll Hardwick
(b) Address Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) Nov. 21, 1945 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

1442

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 17 year 1945 hour 10 minute 15 a.m.
21. I hereby certify that I attended the deceased from 4 P.M. Nov. 14, 1945 to 10:15 AM Nov 17, 1945 that I last saw him alive on Nov. 17, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Respiratory Failure | 1 hr |
| Cardiac Failure | 1 hr |
| Due to Cerebral Hemmorrhage | 72 hrs |
| Brain Injury | 72 hrs |
| Due to Fractured Skull | 72 hrs |

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) accident
(b) Date of occurrence Nov. 14, 1945
(c) Where did injury occur? 5 M. North Neosho (City or town) Newton (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway 71 (Specify type of place)
While at work? No (e) Means of injury Motorcycle accident
23. Signature Robert A. Hawk (M. D. or other) M.D.
Address Neosho, Mo. Date signed 11-20-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1948

AUG 21 1951

## 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.

RECEIVED DEC 8 1945

District Health Officer No.

District File Number 1145-222

Date Filed DEC 10 1945

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 137

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Newton

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

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

(d) Street No. — ? (If rural, give location)

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

If yes, name country —

**3. (a) PRINT FULL NAME** George R. Hardwick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 27 (Day) 1911 (Year)

8. AGE: Years 34 Months 9 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) S. D. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 27 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral hemorrhage with fracture of skull

Due to Being thrown from a motorcycle which slipped on highway #71 U.S.

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 17 OCT 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-13-45

(c) Where did injury occur? (City or town) Newton (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway #71 (Specify type of place)

While at work? (e) Means of injury thrown from motorcycle at high speed

23. Signature Robert [illegible] (M. D. or other) M.D.

Address Neosho, Mo. Date signed 12-15-45

AUG 7 1946

38052