

S. No. 2  
- 8-13  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4917**

Registration District No. **66** Primary Registration District No. **4116** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Chariton  
(b) City or town Sumner  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Main  
(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 Chariton (2)  
(c) City or town Sumner  
(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 FLORENCE P. HARDY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 25 year 1946 hour 6:30 minute 30 P.M.  
21. I hereby certify that I attended the deceased from April 28th, 1944, to Feb 25th, 1946 that I last saw her alive on Feb 25th, 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dr. John W. Hardy 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Nov 14 1873  
(Month) (Day) (Year)

Immediate cause of death Exhaustion Duration \_\_\_\_\_  
from stress-labio-pharyngeal  
paralysis 7 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
73 3 11 hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 85.1  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

9. Birthplace Palmyra, Marion Co., Mo. (1)  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business Her home

MOTHER FATHER { 12. Name William R. Robinson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Mellinger  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

16. (a) Informant Helen N. Harlan  
(b) Address Sumner, Mo.  
17. (a) Burial (b) Date thereof 2-28-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation 2003 Cen. Sumner Mo.  
18. (a) Signature of funeral director Mrs. Harlan  
(b) Address La Clede, Linn Co., Mo.  
19. (a) Feb. 27 1946 (b) Martha Clark  
(Date received local registrar) (Registrar's signature)

23. Signature John W. Hardy (M. D. or other) \_\_\_\_\_  
Address 126 Date signed 2/26

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-8-46

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 me

My Sharnie

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed My Sharnie

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.