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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5051

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 10th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: COOPER 27
(c) City or town: BOONVILLE 21
(If outside city or town limits, write "RURAL")
(d) Street No.: 611 10th St. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT HARDIMAN

3. (b) If veteran, name war: NONE

3. (c) Social Security No. 487-24-8262

4. Sex: MALE 7

5. Color or race: NEGRO

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: SEPTEMBER (Month) 15 (Day) 1882 (Year)

8. AGE: Years 63 | Months 4 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: MONITEAU COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: PORTER

11. Industry or business: BARBER SHOP

FATHER
12. Name: NATHAN HARDIMAN
13. Birthplace: MISSOURI 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SARAH GILCREAN
15. Birthplace: MISSOURI 0 (City, town, or county) (State or foreign country)

16. (a) Informant: MRS ROSIE COLEMAN
(b) Address: BOONVILLE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2/1/46 (Month) (Day) (Year)
(c) Place: burial or cremation: CITY CEMETERY

18. (a) Signature of funeral director: STEGNER
(b) Address: BOONVILLE, MO.

19. (a) 2-1-46 (Date received local registrar) (b) Clay Mattis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30th year 1946 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 31, 1945 to Jan 30, 1946; that I last saw him alive on Jan 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	2 months
Due to: —	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 930

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?
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: J. C. Tincher (M. D. or other) M.D.
Address: Boonville Mo Date signed 1/31/46

71 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-42

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, N

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.