

FILED MAR 12 1946
Registration District No. 15

Primary Registration District No. 5584

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie Rural Route 2
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 months years, months or days)

3. (a) PRINT FULL NAME Eva V. Hardesty

3. (b) If veteran, name war ---

3. (c) Social Security No. -----

4. Sex f

5. Color or race W

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

6. (b) Name of husband or wife Rea B. Hardesty

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

7. Birth date of deceased February 22 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 11 9 hr. min.

9. Birthplace Kings Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Joseph Bailey

13. Birthplace Yates Co. New York
(City, town, or county) (State or foreign country)

14. Maiden name Harriet E. Holly

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Maebelle Hardesty

(b) Address Sarcoxie, Missouri

17. (a) Removal (b) Date thereof 2/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochelle Illinois

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) 2-4-46 (b) a. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri

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

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1946 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from
Jan 31 1946 to Feb 1 1946
that I last saw her alive on Jan 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myo-carditis, Chronic
Arteriosclerosis
Due to Hypertension

Duration
15 yrs
15 yrs
15 yrs

Due to _____

Other conditions Asthma, Bronchial 4 days
(Include pregnancy within 3 months of death) acute

Major findings:
Of operations _____

Of autopsy 150

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) none

(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 _____

23. Signature George H. Wood (M. D. or other) 0
Address Carthage Mo Date signed 4/24/46

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

MOTHER FATHER

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H6-2-191

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.....

working under my personal supervision.

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

Signed.....

Geo. A. Orr

Licensed Embalmer No.....

946

P. O. Address.....

Mr. Remon 71

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.**