

FILED APR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 9069

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 291

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural - N. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. North Grant St. E.B.I. Route
(If rural, give location) #51
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Paul Hardt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. March 25, 1927
(Month) (Day) (Year)

8. AGE: Years 19 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Tanta Egypt
(City, town, or county) (State or foreign country)

10. Usual occupation Student C.B.I.

11. Industry or business Student

12. Name John R. Hardt

13. Birthplace UNK. Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Aline D. Anderson

15. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)

16. (a) Informant George Camcechail

(b) Address C.B.I. School, Spfld, Mo.

17. (a) Removal (b) Date thereof 3-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altoona, Pennsylvania

18. (a) Signature of funeral director J.W. Klingner & co.

(b) Address Springfield Mo.

19. (a) 3-31-46 (b) D. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1946 to Mar 30 1946
that I last saw him alive on Mar 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial hemorrhage 2 hrs resulting from auto accident.

Due to Lacerated wound of forehead and right wrist.

Other conditions Non-Collision
(Include pregnancy within 3 months of death)

Major findings: Of operations 1700 - 8/1
Of autopsy 1700 - 8/1

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

(a) Accident, suicide, or homicide (specify) Auto accident 29

(b) Date of occurrence Mar 30, 1946

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Bridge crossing N. Grant St Road.
While at work? No (Specify type of place) (e) Means of injury Automobile.

23. Signature Don Silsby (M. D. or other) M.D.
Address Springfield, Mo. Date signed Mar 31, 46

Duration
Underline the cause to which death should be charged statistically.

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

7582

9
2
6

111

(Licensed Embalmer's Statement on Reverse Side)

111

8-10-61
TMC

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 Ogle Stone Jr.
Licensed Embalmer No. 4126
P. O. Address Springfield 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.

X