

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15625
Registrar's No. 58

Registration District No. 10 Primary Registration District No. 3002

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Mexico Mo
(c) Name of hospital or institution: 714 N. Wade
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 years years, months or days

3. (a) PRINT FULL NAME JOHN D. HARDING
3. (b) If veteran, name war _____
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Name of husband or wife Lizzie F. Harding
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 10 1902

8. AGE: Years 43 Months 11 Days 1 If less than one day hr. min.

9. Birthplace ainsworth Iowa
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Clarence Love
(b) Address Mexico Mo
17. (a) burial (b) Date thereof Apr 18 1946
(c) Place: burial or cremation ainsworth Iowa
18. (a) Signature of funeral director McPherson
(b) Address Mexico Mo
19. (a) April 12 1946 (b) Blanche Kedy

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrew
(c) City or town Mexico Mo
(d) Street No. 714 N. Wade
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 11th year 1946 hour 6 minute 10 P.
21. I hereby certify that I attended the deceased from Apr 7 1946 to Apr 11 1946
that I last saw him alive on Apr 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart block
Due to Valvular disease
auricular fibrillation
Due to atherosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 97

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) _____ (c) Means of injury _____
23. Signature R. M. ... Address Mexico Mo Date signed 4/12/46

PHICHAH-10-1100

RECEIVED

District Health Officer No. 10

District File Number 5-46-1064

Date Filed MAY 23 1946

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 *J. B. McPherson*
Licensed Embalmer No. *1172*
P.O. Address *Waynesville, N.C.*

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.