

FILED MAY 27 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 383

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:
Residence 706 S. Hampton
(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 Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 706 S. Hampton 116
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RANDOLPH P. HARDIN

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

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

6. (b) Name of husband or wife Maude C. Hardin 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased March 8, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky UNK. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Hardware

12. Name Benjamin Hardin

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

14. Maiden name Lucy (UNK.)

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

16. (a) Informant Maude C. Hardin (Wife)

(b) Address 706 S. Hampton, Sped., Mo.

17. (a) Burial (b) Date thereof May 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director ATMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis Street, Sped., Mo.

19. (a) 5-6-46 (b) Dr. W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Unattended by a physician
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: probably cerebral hemorrhage

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration _____
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) (c) Means of injury _____

23. Signature W. H. Handley local registrar (M. D. or other) _____
Address Springfield, Mo. Date signed 5/6-46

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

15198

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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 Frank Gable

Licensed Embalmer No. 4140

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