

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH**

22665

State File No. ....

Registration District No. 30

Primary Registration District No. 5104

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Benton "Alexander Prop."  
 (b) City or town Warsaw "Wisconsin Star Rd"  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
 (c) City or town Warsaw "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sidney Daniel Hard  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
 year 1946 hour 4 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from July 8 to July 11, 1946  
 that I last saw him alive on July 10, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Addie Hard 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased March 16 1866  
 (Month) (Day) (Year)

Immediate cause of death Mitral Stenosis  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>24</u>	by _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Maheson Ind  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy g2k  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Milton Hard  
 13. Birthplace Ind  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Melba Robinson  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Audy Hard  
 (b) Address Warsaw, Mo  
 17. (a) Burial (b) Date thereof 7/12/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hogles Creek  
 18. (a) Signature of funeral director Theres Fennell  
 (b) Address Warsaw, Mo  
 19. (a) July 12 1946 (b) Geo. A. Logan  
 (Date received by registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Hebert (M. D. or other)  
 Address Warsaw Mo Date signed 7/11/46

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

215723

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REC'D  
DIED  
Date of death 7-46-79  
Date of burial 8-2-79

**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 *John F. Reese*  
Licensed Embalmer No. *4098*  
P. O. Address *Marsax*

**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.**