S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23631

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3167

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2734 TROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 41
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2734 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME HAROLD FLETCHER, HARDING

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 493-12-1278

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ROSE M. HARDING

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased FEB. (Month) 11 (Day) 1892 (Year)

8. AGE: Years 54 | Months 5 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace LESLIE (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation TIMEKEEPER CITY OF

11. Industry or business KC. MO

FATHER
12. Name UNKNOWN HARDING
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Rose M. Harding
(b) Address 2734 Troost

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 22 (Day) 1946 (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19th year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 18, 1946, to July 18, 1946 that I last saw him alive on July 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia — Duration 1 hr

Due to aneurysm, aortic arch — undet

Due to Syphilis — undet.

Other conditions aneurysm caused obstruction of bronchi
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
30 A
Of autopsy —

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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Frederick E. Wade (M. D. or other) MD
Address 306 E 12th Date signed July 18 1946

(Licensed Embalmer's Statement on Reverse Side) Argyle Bldg

215 Argyle Bldg.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.