No. 2
2-43
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24699

Registration District No. 31 Primary Registration District No. 3058 Registrar's No. 126

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

23548

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 728 Lewis St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92

(a) State Mo. (b) County St Charles 4

(c) City or town St Charles (If outside city or town limits, write "RURAL") 3

(d) Street No. 728 Lewis (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles R. Harding

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida Cordray Harding

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August (Month) 14 (Day) 1864 (Year)

8. AGE: Years 81 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Ramson Harding 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Harding

(b) Address 728 Lewis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove St Charles Mo.

18. (a) Signature of funeral director Hackmann - Bane

(b) Address St Charles Mo.

19. (a) Aug 2-46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1946 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from March 1945, 19, to July 22, 1946 that I last saw him alive on July 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary infarct	15 minutes
Due to arteriosclerosis coronary	
Due to	
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis	

Major findings:
Of operations
Of autopsy 94

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 Vincent A. Schneider (M. D. or other) MD

Address St Charles Mo Date signed 7/23/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 8-46-129
Date Filed 8-5-46

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 Arthur C. Bane

Licensed Embalmer No. 3NV

P. O. Address St Charles 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.