

**FILED SEP 16 1946**  
Registration District No. 371

**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 6259

State File No. \_\_\_\_\_  
Registrar's No. 15

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

1. PLACE OF DEATH

(a) County Webster

(b) City or town Fordland, Rural & Benton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home 1  
(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 Webster 1/2

(c) City or town Fordland, Rural & Benton, Miss. 1/2  
(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 William H. Hardy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1946 hour 1 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from August 31, 1946 to Sept 31, 1946  
that I last saw him alive on August 31, 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 Messias 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: August 25, 1871  
(Month) (Day) (Year)

Immediate cause of death: Bronch pneumonia.

Due to: Typhoid Fever. 2 Wks.

8. AGE: Years 75 Months \_\_\_\_\_ Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: \_\_\_\_\_

Other conditions: None  
(Include pregnancy within 3 months of death)

9. Birthplace Webster Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:  
Of operations: No operation

Of autopsy: No autopsy

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Hardy

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

14. Maiden name Susan Rose

15. Birthplace unknown  
(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 Ted Hardy

(b) Address Fordland, Mo.

17. (a) Burial (b) Date thereof Sept 4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Hill Cem.

(Specify type of place) \_\_\_\_\_ (e) Means of injury 2

23. Signature A.R. Schultz (M. D. or other) \_\_\_\_\_  
Address Fordland, Mo. Date signed 9/14/46

18. (a) Signature of funeral director Kelley Farrell-Bryman

(b) Address Fordland, Mo.

19. (a) 9-5-46 (b) Edwin D. Good  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 946-991

Date Filed SEP 9 - 1946

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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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland 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.**