

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39901

State File No. _____
Registrar's No. 184

Registration District No. 59 Primary Registration District No. 5227

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural, Peculiar Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cass County Home. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months.
In this community 18 months.
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass
(c) City or town Drexel
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Address.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Does not apply.

3. (a) PRINT FULL NAME JAMES EDWARD HARDAWAY.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December, 19th
year 1946. hour 11 minute 15 P.M.

3. (b) If veteran, name war None. 3. (c) Social Security No. Dont know.

21. I hereby certify that I attended the deceased from December 19 to Dec 19 1946
that I last saw him alive on Dec 18 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 Seperated.

Immediate cause of death Cerebral Apoplexy, Hypertension
Due to _____

6. (b) Name of husband or wife Flora Hardaway. 6. (c) Age of husband or wife if alive not known
7. Birth date of deceased: January, 30, 1869.
(Month) (Day) (Year)

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

8. AGE: 77 Years 10 Months 19 Days If less than one day
hr. _____ min. _____

Major findings: 83A
Of operations _____
Of autopsy _____

9. Birthplace Unable to learn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Retired.

12. Name Windham R. Hardaway.

13. Birthplace Not known.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie S. Peters.

15. Birthplace Not known.
(City, town, or county) (State or foreign country)

16. (a) Informant C.A. Mitchell, (From scant Family Record)
(b) Address Drexel, Mo.

17. (a) Burial (b) Date thereof: 12/21/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockville Kans. Cem.
18. (a) Signature of funeral director [Signature]
(b) Address Drexel, Missouri.
19. (a) 12/20/46. (b) Sama J. Jones
(Date received local registrar) (Registrar's signature)

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) (e) Manner of injury _____
23. Signature [Signature] (M. D. or P. M.)
Address Harrisonville, Mo. Date signed 12/20 1946.

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

MOTHER FATHER

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

