

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 385
Registrar's No. 26

FILED FEB 10 1947
Registration District No. 43

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: Rural R.F.D.#5 Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 years, months or days

3. (a) PRINT FULL NAME Bobbie Jean Hardwick

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased January 1 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 14
If less than one day hr. min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name George Hardwick

13. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Moore

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Hardwick

(b) Address R.F.D.#5 Poplar Bluff, Mo

17. (a) Burial (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Frank Cottrill Chapel

(b) Address 412 Vine St. Poplar Bluff, Mo

19. (a) 1-18-47 (b) R. H. Minette
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R.F.D.#5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to asphyxiation by bed clothing

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 1822
1/16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1-15-47

(c) Where did injury occur? Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(e) Means of injury asphyxiation
(Specify type of place)

23. Signature Charles W. Gray (M.D. or Physician)

Address Poplar Bluff Mo Date signed 1/16-47

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

MOTHER FATHER

35

RECEIVED
District Health Office N
District File Number 147-1
Date Filed 1-30-49

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

Jon Clark

Licensed Embalmer No. 4216

P. O. Address. Taylor Bluff, N

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.