

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21669

FILED JUN 25 1947

State File No. \_\_\_\_\_

Registration District No. 217

Primary Registration District No. 4328

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Bertrand

(c) Name of hospital or institution: None

(If not in a hospital or institution, write street number or location)

(d) Length of stay: 45 years (Specify whether \_\_\_\_\_)

In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Bertrand, (If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Strother Banks Hardwick

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie L. Hardwick

6. (c) Age of husband or wife if alive Not Known years

7. Birth date of deceased April 24, 1883

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	1	12	hr. _____ min.

9. Birthplace Dixon, Kentucky

(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer

11. Industry or business Real Estate

12. Name Linn Hardwick

13. Birthplace Dixon, Kentucky

(City, town, or county) (State or foreign country)

14. Maiden name Adelaide Henson

15. Birthplace Kentucky

(City, town, or county) (State or foreign country)

16. (a) Informant Col. S. B. Hardwick, Jr.

(b) Address Chanute Field, Illinois.

17. (a) Burial (b) Date thereof 6-8-1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery, St. Joseph, Missouri.

18. (a) Signature of funeral director Charles J. Bonduca

(b) Address Charleston, Missouri.

19. (a) 6-14-47 (b) Mrs. J. M. Bonduca

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month June day 6th

year 1947 hour 6:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 6, 1947 to June 6, 1947

that I last saw him alive on June 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coroid

Valvular Disease

Duration 10 yrs

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

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 D

Signature Thos. C. McCreary M. D. or other \_\_\_\_\_

Address Bertrand, Mo. Date signed 6-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

67  
00  
1)

MOTHER FATHER

DEC 29 1947

AUG 2 1947

RECEIVED  
District Health Office No. 2,  
District File Number 647-884  
Date Filed 6-23-47

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 John F. Neumiller Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston, W

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.