

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27013
Registrar's No. 220

FILED AUG 28 1947

Registration District No. 22 Primary Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:

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

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

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DAVID M HARDWICK

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Mary Ida Oliver

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

7. Birth date of deceased Aug 28 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>11</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Carroll Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER

12. Name Reuben Hardwick

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

14. Maiden name Lucinda Thompson

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jewel Hardwick

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 8-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 8/5/47 (b) Mo Herbert Calvert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1947 hour 5 minute 450 M.

21. I hereby certify that I attended the deceased from 15 July 1947 to 2 Aug 1947

that I last saw her alive on 17 Aug 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 da.

Due to Infirmities of

Due to age

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: 43M

Of operations _____

Of autopsy _____

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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature R Hamilton Peterson M.D.

Address Carrollton, Mo Date signed Aug 4 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-47

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.