

No. 2
12-45
5-17-39
247070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37014

FILED DEC 4 1947

State File No.

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Vernon County 19 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Walker 0
(If outside city or town limits, write "RURAL") 0
(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 CHARLES WILLIAM HARDEN
(b) If veteran, name war No
(c) Social Security No. 487-30-8703

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14th
year 1947 hour 5:35 minute PM

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6 1928
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death Skull fracture + other multiple fractures
Due to _____
Due to _____

9. Birthplace Near Walker Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician

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

MOTHER FATHER

11. Industry or business _____
12. Name John Raymond Harden
13. Birthplace Macon City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Willa Rose, Edson
15. Birthplace Virgil Kansas
(City, town, or county) (State or foreign country)
16. (a) Informant Willa Rose Harden (mother)
(b) Address Walker Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon Cemetery
18. (a) Signature of funeral director Allen V. Hays
(b) Address Nevada Missouri
19. (a) Dec 2 1947 (Date received local registrar) (b) Mrs. Edna Douglas (Registrar's signature)

Major findings: Of operations _____
Of autopsy None
1900's
23
PHYSICIAN
HARDY
INFORMANT
REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 007
(b) Date of occurrence 11-14-47
(c) Where did injury occur? Rich Hill Bates Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railway Crossing Walnut St + m.O.P.
While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature John G. Underwood (M. D. or other) Coroner
Address Butler Mo Date signed 11-28-47

(Licensed Embalmer's Statement on Reverse Side)

and call with train.

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

Date Filed 12-3-47
District File Number 11-47-388
District Health Officer No. 71
RECEIVED

DEC 4 1947

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 G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 35

Registration District No. 25 Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates Rich Hill
(b) City or town Rich Hill
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

John R. Haden

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Jan 12 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1941 hour _____ minute _____ M. _____

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

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 John R. Haden (M. D. or other) _____

Address Butler Mo Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Auto hit by train
Coroner

S-37014