S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44433

State File No.

FILED JAN 22 1948

Registration District No. 190

Primary Registration District No. 5630

Registrar's No.

1. PLACE OF DEATH
(a) County Laclede
(b) City or town Rural Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lebanon Mo R.R 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Hardin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Wm. Hardin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 1 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)
10. Usual occupation at Home
11. Industry or business
FATHER
12. Name John Jump
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Delila Points
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. L. Rogers
(b) Address Lebanon R.R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Buller Cemt
18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo
19. (a) Jan. 10, 1948 (Date received local registrar) (b) Org Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1947 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10-3, 1947, to 12-29, 1947
that I last saw her alive on 12-29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Chronic hypertensive heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
23. Signature Austin B. Krause (M. D. or other) D.O.
Address Lebanon, Mo. Date signed 12/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 1/17/48
Laclede County Health Unit
No. 1-48-228
e Filed 1/19/48

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 Richard L. Palmer Registered Apprentice No. 84 working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.