-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1842

State File No.

Registration District No. 226

Primary Registration District No. 5799

Registrar's No.

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Holliday
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Holliday 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Minnie Belle Hardwick
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife James Hardwick
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 5 (Month) 6 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	11	hr. min.

9. Birthplace Monroe Co R R (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business Chas W Overfelt at home
FATHER
12. Name Chas W Overfelt
13. Birthplace (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Farrell
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Lewis Wright
(b) Address Holliday, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery Holliday
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) 1-29-48 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1948 hour 1 minute 6 M.
21. I hereby certify that I attended the deceased from Jan 16, 1948 to Jan 17, 1948
that I last saw her alive on 1-17-1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis and acute myocardial failure	3 days
Due to —	
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature F. A. Barnett (M. D. or other) MD
Address Paris, Mo. Date signed 1-19-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Maysville 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.

No. 2B
3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Fel

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Hallidays
(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 years, months or days)
In this community

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 Minnie B. Hardwick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased May 6 1888 (Month) (Day) (Year)
8. AGE: Years 60 Months 8 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 29 1948 (Date received local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 1948 year hour minute 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 — Duration
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
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-1842