S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5273

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1402 Byers Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Byers Avenue 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HARRIET MONICA McKENNA
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem.
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife James H. McKenna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 29, (Day) 1863 (Year)

8. AGE: Years 84 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Shellsburg, Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Col. J. Allen Hardy
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Edstrom
15. Birthplace Massachussets (City, town, or county) (State or foreign country)
16. (a) Informant Daughter, Harriet
(b) Address 1402 Byers Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 15th & Joplin, Joplin, Mo.
19. (a) 1-29-48 (Date received local registrar) (b) Dolores Lempkins DR (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1948 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from Sept 5-47, 19 , to Jan 5, 1948
that I last saw her alive on Jan 5th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack
Due to Complication
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

95C

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 Henry J. Kuecker DC (M.D. or other)
Address 220½ West 4th St Date signed 1-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Kuecker

48-1-115

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**