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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 259

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5628

Primary Registration District No. 3 0 4 8

Registrar's No. 3 8

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Skidmore
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Verna Bell Hardman

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 widowed

6. (b) Name of husband or wife /

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

7. Birth date of deceased June (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 7 If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business " "

FATHER
12. Name Bisel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Clyde Kuhn
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, New Point

18. (a) Signature of funeral director G. Matheson
(b) Address Maryville, Mo.

19. (a) 2-21-48 (Date received local registrar) (b) Bess Hilt (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 20 year 1948 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to Feb 20, 1948; that I last saw her alive on Feb 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration 2 days
Due to: diabetes mellitus & ulcerating perirectal abscess
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: (0)
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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature J. C. Bauman (M. D. or other) MD
Address 1318 Main Maryville Date signed 2/20/48

(Licensed Embalmer's Statement on Reverse Side)

Mrs Vernon Hardman

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.