S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

11218

State File No. .....

FILED APR 8 1948

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Shelby county
(b) City or town Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby
(c) City or town Shelbina, Mo.
(If outside city or town limits, write "RURAL")
(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 John Edward Hardy
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie P.
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August (Month) 24th (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	20	hr. min.

9. Birthplace Shelby county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Rtr. Black Smith
11. Industry or business " " "
FATHER
12. Name Jess T. Hardy
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Maddox
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Garlich
(b) Address Shelbina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.
19. (a) April 1-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14h
year 1948 hour 10 minute 15 P. 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 Probably Embolism — Duration
Sudden death - No pain No Struggle
He had had some heart trouble for about 9 years with occasional episodes of embolism in cerebral arteries.
Due to
Due to
I had never attended him
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
23. Signature P. C. Archer (M. D. or other)
Address Shellbyville Mo Date signed 3-17-48

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

RECEIVED
District Health Officer No. 10
District File Number 4.48.635
Date Filed APR -7 1948

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 E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.