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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12609

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1785

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 hrs. (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")

(d) Street No. 1332 College
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andrew J. Hardcastle

3. (b) If veteran, name war World War Two

3. (c) Social Security No. 300-14-7107

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April (Month) 6 (Day) 1903 (Year)

8. AGE: Years 45 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Hot Spring Ark (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business —

FATHER
12. Name James D. Hardcastle
13. Birthplace Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Garrett
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Lee R. Hardcastle

(b) Address 1332 College

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Kansas City, Kans.

18. (a) Signature of funeral director Parrantin Bros

(b) Address KC Mo

19. (a) 4-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 9 minute 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 Shock.

Due to Laceration of Brain

Due to Subdural Hematoma.

Other conditions Traumatic Injury
(Include pregnancy within 3 months of death)

Major findings: Of operation Deputy Coroner

Of autopsy See Above

Duration

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) Unknown

(b) Date of occurrence 4/20/48

(c) Where did injury occur? Kansas City MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Smooth DO NOT Know (Specify type of place)

While at work? NO (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) MD

Address 2800 Main Date signed 4/22/48

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 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. F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.