S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12841

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 1606

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town 7309 Walrond Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7309 Walrond KC Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7309 Walrond 8
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Nelson Rardin
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Cora May
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Oct (Month) 2 (Day) 1859 (Year)

8. AGE: Years 88 Months 6 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Herman (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation ~~Herman~~ ~~Ill~~
11. Industry or business Retire Merchant
FATHER
12. Name Charles L. Rardin
13. Birthplace Not Known (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Milam
15. Birthplace Fountain Co. Ind. (City, town, or county) (State or foreign country) 1
16. (a) Informant Ray Rardin
(b) Address 7309 Walrond Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 48 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Archie Mo.
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Archie Mo.
19. (a) 4-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 1943, 19..., to APR 12 1948
that I last saw him alive on APR 12 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	10 DAY
Due to	
Due to	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	YES

Major findings:
Of operations
Of autopsy 94a

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 [illegible] (M. D. or other) M. D.
Address 6741 Prospect KC Mo Date signed Apr 12 48

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, Personally ~~or by~~ ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.