S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 175

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3036

State File No. 16836

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Aurora Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora (If outside city or town limits, write "RURAL") 55

(d) Street No. City (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country 0

3. (a) PRINT FULL NAME Marilyn D. Hardin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased May 10 (Month) 1948 (Day) (Year)

8. AGE: Years Infant | Months | Days 1 | If less than one day hr. 16 min.

9. Birthplace Lawrence (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Curtis Hardin
13. Birthplace Stone (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name DELCIE Stockton
15. Birthplace Stone (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Curtis Hardin

(b) Address Aurora mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation Zoof Cemetery Marysville

18. (a) Signature of funeral director Oscar L Marsh

(b) Address Aurora Mo

19. (a) 5-13-1948 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 121 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9, 1948, to May 10, 1948, that I last saw her alive on May 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Premature — 6 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15

Of autopsy

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)

(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 A. F. Copelto M.D. (M. D. or other)

Address Marysville, Mo Date signed 5-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 548-656
Date Filed MAY 27 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 Was not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Susan L. Marsh

Licensed Embalmer No. 3812

P. O. Address Corona MD

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.