S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19840

Primary Registration District No. 200

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 7 hrs (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 2310 Picher
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES EARL HARDING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 5- (Month) 28 (Day) 48 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	7 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Russell Harding
13. Birthplace Osawatomie, Kan (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Gertrude Duley
15. Birthplace Calloway County, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Russell Harding
(b) Address 2310 Picher, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation OSBORNE, JOPLIN, MO

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 6-4-48 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29th year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 28 48, 19__, to __, 19__;
that I last saw h~~ere~~ alive on May 29-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Umbilical Cord

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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. L. Crawford (M. D. or other)

Address Joplin, Mo Date signed 6-1-48

(Licensed Embalmer's Statement on Reverse Side)

4806-533

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. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.