

Registration District No. **111**

Primary Registration District No. **5426**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **(Rural) Gray Summit**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **GLEN HODGEN HARDEMAN**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marion Hardeman**
6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 12 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **4**
If less than one day hr. min.

9. Birthplace **Gray Summit Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own Farm**

MOTHER FATHER
12. Name **Glen O. Hardeman**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Permelia Townsend**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walker Hardeman**

(b) Address **Gray Summit, Mo.**

17. (a) **Burial** (b) Date thereof **7-18-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Labadie, Mo.**

18. (a) Signature of funeral director **Mrs. S. Stuber**

(b) Address **Pacific, Mo.**

19. (a) **7-17-1948** (b) **Marion B. Taylor**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Rural (Gray Summit)**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #2 Pacific, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16th**,
year **1948** hour **5** minute **15** A.M.

21. I hereby certify that I attended the deceased from **10** 19 **16**
16 July 1948
that I last saw him alive on **16 July 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC DECOMPEN-
SATION**

Due to **CHRONIC MYOCARDITIS 4 yrs**

Due to **A**

Other conditions **ARTHERIOSCLEROSIS**
(Include pregnancy within 3 months of death) **General**

Major findings:
Of operations _____
Of autopsy **M. J.**

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **S. B. Ke...** (M. D. _____)
Address **Pacific** Date signed **7/17/48**

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

OCT 22 1948

RECEIVED
District Health Officer No. 9,
AUG 24 1948
District File Number 7-2-304
Date Filed

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

August Burns Jr.

Licensed Embalmer No. 4338

P. O. Address. Pacific, Missouri.

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.