

FILED NOV 23 1948

Registration District No. 56

Primary Registration District No. 9001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County McDonnell Jasper

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

(c) Name of hospital or institution: /
(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 Jasper

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RICHARD LEON Harding

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 3
year 1948 hour 6:00 minute 9 M.

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced M

(b) Name of husband or wife Sarah

(c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov 7 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 22 1948 to November 3 1948; that I last saw him alive on November 2 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration over 12 days

8. AGE: Years 78 Months 11 Days 27 -If less than one day
hr. _____ min. _____

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

10. Usual occupation farmer

Due to uremia over 12 days

Due to Prostatic hypertrophy over 12 days

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Ben Harding

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Beth Cox

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Harding

(b) Address South West City Mo RR

17. (a) Burial (b) Date thereof 11 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peters Prairie Okla

18. (a) Signature of funeral director H. W. Worley

(b) Address Okla

19. (a) 11-12-48 (b) Ed J. Jansen
(Date received local registrar) (Signature)

Major findings: Of operations _____

Of autopsy 1976

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 U

23. Signature: B. E. Jansen (M. D. or other) _____
Date signed 11-8-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
2
5

48-11-~~809~~
707

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.....

Licensed Embalmer No.....

P. O. Address.....

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.