

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40158**
Registrar's No. **5239**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

In this community **45 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **1125 West 41st Ter.** **8**
(If rural, give location) **0**

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

If yes, name country _____

3: (a) PRINT MRS. **ALEXINA S. HARDWICK**
FULL NAME

3. (b) If veteran, **No** name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John E. Hardwick**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Oct. 11, 1872**
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **14**
If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **George Anderson**

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

14. Maiden name **Jane Clark**

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

16. (a) Informant **John E. Hardwick Jr.**

(b) Address **4530 Mercier K. C. Mo.**

17. (a) **Burial** (b) Date thereof **12-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **12-25-48** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**
year **1948** hour **10** minute **30** A. M.

21. I hereby certify that I attended the deceased from **24 Dec**, 19**48**, to **25 Dec**, 19**48**
that I last saw her alive on **25 Dec**, 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **3 days**

Due to **myocarditis** **3 weeks**

Due to **pneumonia lobar** **1 mo.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **108**

- Of autopsy _____

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? _____

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

23. Signature **John Sheldon** (M. D. or other) _____

Address **2501 Gillham** Date signed **25 Dec 48**

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

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

Emm C. Wedelin

Licensed Embalmer No.

3495-

P. O. Address

N. C. 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.