

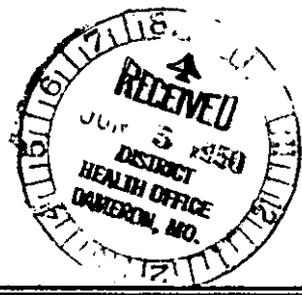
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 4138	
1. PLACE OF DEATH a. COUNTY <i>Clinton</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Clinton</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lathrop</i>		c. LENGTH OF STAY (In this place) <i>32 yr.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Lathrop</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Martha</i>		b. (Middle) <i>Jane</i>	
		c. (Last) <i>Hardin</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May - 29 - 1950</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-13-1871</i>	
9. AGE (In years last birthday) <i>79</i>		10. UNDER 1 YEAR (Month) (Day)	11. BIRTHPLACE (State or foreign country) <i>Johnson Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12a. FATHER'S NAME <i>Jefferson Cooper</i>		12b. MOTHER'S MAIDEN NAME <i>Jennie (Unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Miller Hardin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>5</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miller Hardin Lathrop Mo</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Right ovary</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Invasion into Spleen</i>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>175X</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 17, 1950</i> , to <i>May 29, 1950</i> , that I last saw the deceased alive on <i>May 29, 1950</i> , and that death occurred at <i>8:20 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>H. H. Sautner</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Lathrop Mo</i>	23c. DATE SIGNED <i>5-31-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-1-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Blackwater Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Walden Mo</i>
DATE REC'D BY LOCAL REG. <i>5-31-50</i>		REGISTRAR'S SIGNATURE <i>Winifred W. Moberg</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>De Moss</i>	
				ADDRESS <i>Camden Mo</i>	

JUN 22 1950

FEB 15 1951

107 1951



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Harold L. Walker*

Licensed Embalmer No. 4588

P. O. Address Lathrop 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.