

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33604**
4116

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1321 Troost AVE 3145</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home 1321 Troost</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-24-1951</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Archie</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Hardin</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 2</u>	8. DATE OF BIRTH <u>Dec. 30, 1904</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri</u>
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Andrew Hardin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Davenport</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Leo Blair Divorced</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>352-01-2364</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Holmes, 2922 Park</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Archie Respiritation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>410X</u>
	ANTECEDENT CAUSES <u>Rheumatic Heart Disease</u> Morbid conditions, if any, which give rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic Bronchitis & Edema</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, dining bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dorothy Holmes</u>	23b. ADDRESS <u>2922 Park</u>	23c. DATE SIGNED <u>9/24/51</u>
--------------------------------------	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bonner Springs, Kans</u>
DATE REC'D BY LOCAL REG. <u>9-27-51</u>	REGISTRAR'S SIGNATURE <u>Dorothy Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>West, Appleton & Jones, Inc. 1905/</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1967

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

Licensed Embalmer No. 2710

P. O. Address

K. C. 770

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.