

I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 85070

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
114 E. Allen St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 18 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 114 E. Allen St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

OMASA JULIETTE HARDING

8. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JAMES A. HARDING

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

7. Birth date of deceased March 13 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Juliette Harding

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Nov 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director W. de Cassant

(b) Address Clinton Mo.

19. (a) Nov 10 1941 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th, year 1941

21. I hereby certify that I attended the deceased from Nov. 9th to Nov. 16th 1941

that I last saw him alive on Nov. 9th 1941

and that death occurred on the date and hour stated above.

Immediate cause of death from natural causes, seemingly from heart attack

Due to Advanced age.

Due to She lived all alone. Body was brewed by the coroner and the County Sheriff.

Other conditions The County Sheriff.

(Include pregnancy within 3 months of death)

Major findings: Of operations 1628

Of autopsy None was held

No August thought to be necessary.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Apparent suicide while

(b) Date of occurrence Nov 16 1941

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
(Specify type of place) (e) Means of injury

23. Signature H. J. Jennings (M. D. or other) ✓

Address 208 S. Water St. Clinton, Mo. Date signed Nov 10, 1941

RECEIVED

District Health Officer No. 7,

District File Number 11-46-1969

Date Filed 11-24-41

70111

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

W. J. Cassant, Registered Apprentice No. _____
working under my personal supervision.

Signed W. J. Cassant
Licensed Embalmer No. 3779

P. O. Address Clinton, 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, above space should be left blank.