

S. No. 300  
DM - 10-47  
Ev. 5-17-39  
B-1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 14 1948**  
Registration District No. 157

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. 29573  
Registrar's No. 185

Primary Registration District No. 3023

2  
1  
2

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

**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:  
919 North 3rd St 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 487 1/2  
30 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** JOHN LESLIE HARDING  
 3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. 487.14-6487

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Lila Harding 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Dec 22 1879  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John Harding

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

14. Maiden name SARAH E Williams

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

16. (a) Informant Mrs Lila Harding

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 9-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conradus & Peck

(b) Address Clinton mo

19. (a) 9-6-48 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Henry  
 (c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 919 North 3rd st  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 6  
 year 1948 hour 12:30 minute 17 M.  
 21. I hereby certify that I attended the deceased from Aug 26  
1948 to Sept 4, 1948  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia 3da.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Acute strept throat 10da.  
(Include pregnancy within 3 months of death)  
Acute otitis media 8da.

Major findings:  
 1. Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature R. S. Hall (M. D. or other) \_\_\_\_\_  
 Address Clinton Mo Date signed 9/14/48

SEP 18 1948

RECEIVED  
District Health Officer No. 7,  
District File Number 8-48-1055  
Date Filed 9-13-48

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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 J. E. Consolet  
Licensed Embalmer No. 1891  
P. O. Address Clinton Md

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.