No. 2
-1-4-41
5-17-39
X26390

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

FILED JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22526

Registration District No. 735 Primary Registration District No. 5970 Registrar's No. 138

1. PLACE OF DEATH:

(a) County Randolph

(b) ~~City or~~ town Ship Sugar Creek Inno

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) ~~City or~~ town Ship of Sugar Creek 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Arthur Hardin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Hardin

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

7. Birth date of deceased Dec (Month) 20th (Day) 1871 (Year)

8. AGE: Years 69 Months 5 Days 15 If less than one day hr. min.

9. Birthplace 0 Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name James Hardin

13. Birthplace no data 9 (City, town, or county) (State or foreign country)

14. Maiden name "

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

16. (a) Informant Mrs Arthur Hardin

(b) Address R.F.D. Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17th 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) June 17-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th

year 1941 hour 9:50 minute a.m.

21. I hereby certify that I attended the deceased from Jan 10, 1938 19 , to June 15 19 41 ;

that I last saw ~~him~~ alive on June 15 19 41 ;

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

	Duration
Immediate cause of death	
Due to Coronary Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?

925 (Specify type of place)

While at work? (e) Means of injury

23. Signature L O Nuckolls M.D. (M. D. or other)

Address Moberly, Mo Date signed 6-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1278
Date Filed JUL 16 1941

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 Frank L DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.