

Registration District No. **271**

Primary Registration District No. **4217**

Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **Solt**

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

(c) Name of hospital or institution **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **About 32 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Podaway**

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

(d) Street No. **None**
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Alice Elizabeth Hardin**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **Oct** day **7** **th**
year **1940** hour **2:00 PM** minute _____ M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Wallace Hardin "Uncle" Alve** years _____

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

7. Birth date of deceased: **July 18 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to **Oct 7-**, 19**40**
that I last saw **her** alive on **Oct 7-**, 19**40**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
77	77	2	19 hr. _____ min.

Immediate cause of death **apoplexy**

9. Birthplace **Unknown Maryland**
(City, town, & county) (State or foreign country)

Due to _____

Due to **12/21**

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Henry Frank Baublit**

13. Birthplace **Hampstead Maryland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary**

15. Birthplace **Hampstead Maryland**
(City, town, or county) (State or foreign country)

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.

16. (a) Informant **W. W. Hardin**

(b) Address **Maitland Missouri**

17. (a) Burial (b) Date thereof **Oct - 9 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **So. F. Graham Mo**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **Maitland Missouri**

19. (a) Oct. 9-40 (b) **U. S. 49, Stout**
(Date received local registrar) (Registrar's signature)

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? **33**
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **R. M. Lilley M.D.** (M.D. or other) **3**
Address **Maitland Mo** Date signed **10-8-40**

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.....

William Campbell

Registered Apprentice No.

working under my personal supervision.

Signed.....

William Campbell

Licensed Embalmer No.

2620

P. O. Address.....

Manville, Mo.

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

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