

Registration District No. 23

Primary Registration District No. 4034

Registrar's No.

1. PLACE OF DEATH: Bator Home

(a) County Bator Home

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 YEARS (Specify whether years, months or days)

In this community 70 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Bator

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

(d) Street No. Home St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME IRA Marshall Rardin

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1942 hour 10:40 minute P M.

4. Sex M 5. Color or face W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife EFFIE NIKK RARDIN. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JULY 24, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from did not attend this case 1942 to 1942

that I last saw him alive on 20th of Octo-42 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 26 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage Duration but I could make out after he had passed away

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

10. Usual occupation Shoe Cobbler

Due to 8301

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business FATHER

12. Name WM. RARDIN.

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

14. Maiden name NICHOLLS

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

Major findings: Of operations 8301

Of autopsy no

PHYSICIAN 8301

Underline the cause to which death should be charged statistically.

16. (a) Informant EVERT RARDIN

(b) Address Home Mo.

17. (a) B.C. (Burial, cremation, or removal) (b) Date thereof 11-22-42
(Month) (Day) (Year)

(c) Place: burial or cremation LAWRENCE CO. Home

18. (a) Signature of funeral director Rich Hall

(b) Address Rich Hall

19. (a) Nov. 21, 1942 (Date received local registrar) (b) Dr. D. Vint (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. D. Vint (M. D. of gaffer)

Address Home, Mo. - Nov. 21-42 Date signed _____

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

700

1311

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1270

Date Filed 12-7-42,

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 John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Rd

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.