

FILED FEB 20 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **612**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **516 Maple**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2.5 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **516 Maple**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ida Eudora Hardner**

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

3. (c) Social Security No. **486-05-3667**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9th**  
year **1948** hour **8:00** minute **P.** M.

4. Sex **Fe** / 5. Color or race **Wh**

6. (a) Single, widwed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **10-23-1902**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1940** to **Feb 9 1948**  
that I last saw her alive on **Feb 9** and that death occurred on the date and hour stated above.

Duration **8 years**

8. AGE:	Years	Months	Days	If less than one day
	<b>45</b>	<b>3</b>	<b>16</b>	hr. min.

Immediate cause of death **Pulmonary tuberculosis**

Due to **complicated by actinomycosis**

Due to \_\_\_\_\_

9. Birthplace **Libert, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

11. Industry or business **Owner**

12. Name **Pinkney D. Hardner**

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

14. Maiden name **Ida Eudora Laughon**

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

Major findings: Of operations **12/11**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mr. E. H. Reuff**

(b) Address **514 Maple Blvd**

17. (a) **Burial** (b) Date thereof **2-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **7th St. Hill**

18. (a) Signature of funeral director **Mr. P. G. ...**

(b) Address **R. 9. no.**

19. (a) **2-11-48** (b) **Geraldine Holmes**  
(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? \_\_\_\_\_  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Herman Shallen** (M. D. or other) **2**

Address **301 Independence** Date signed **2/9/48**

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

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 Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address W.C.M.S.

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.