

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15961
Do not use this space.

1. PLACE OF DEATH

(a) County Saline
(b) Township Grand Pass
(c) City R.F.D. Grand Pass
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 795
Primary Registration District No. 6038

Registered No. 43

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Argood

(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County

FATHER 13. NAME Samuel Sterling Argood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsberry Pa.

MOTHER 15. MAIDEN NAME Sarah Jane Walls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cabaway Calms

17. INFORMANT (ADDRESS) Mrs Louella Woodward (Sister)

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass Calms DATE 4/20 1938

19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home Cooperon Mo.

20. FILED 4-25 1938 Raymond Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1938, to 4-23 1938

I last saw him alive on 4-21 1938. Death is said to have occurred on the date stated above, at 5:00 p. m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease (Chronic)

Date of onset 1-4-38

Other contributory causes of importance: 121

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Leola Kelling, M. D.

(Address) Warnerly Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

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.)