BESB AUG 1 1939

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

25950
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township or City Carterville
Registration District No. 416
Primary Registration District No. 4248
Registered No. 18
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 82 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Malinda L. Hargrove
(a) Residence, No. 632 St.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franklin C. Hargrove
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1856
7. AGE Years 82 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 4/39
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Mo.

FATHER
13. NAME B. R. Lynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Helen Jarvis
(ADDRESS) Carterville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carterville Cemetery DATE 7/8 1939
19. FUNERAL DIRECTOR (NAME) Eugledge Funeral Home
(ADDRESS) Carterville Mo.
20. FILED 7/8, 1939 Mrs. Lenna Broadway Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to July 6, 1939
I last saw her alive on July 6, 1939. Death is said to have occurred on the date stated above, at 2:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid flexure of colon	about Mar 1 1939

Other contributory causes of importance: 46

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

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) Leroy Simmons, M. D.
(Address) Carterville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED FILED STATE OFFI
INDEX CARD RETURNED TO DIST
DATE 2/

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 Geo B Ow

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

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

If this body is not embalmed, above space should be left blank.