

FILED FEB 6 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH3454
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 736
 (b) Township Clark, Mo Primary Registration District No. 5917
 (c) City Clark, Mo (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 260 Effie Myrtle Hager

(a) Residence, No. Clark, Mo R R 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C W Hager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 1884

7. AGE YEARS 56 MONTHS 0 DAYS 4 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Missouri

FATHER 13. NAME John Gil'ispe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Opal R Sires
Clark, Mo R # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland, Moberly DATE Jan. 21-40,

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul T Hackney
924 W End Pl Moberly, Mo.

20. FILED Jan 25 1940 B T Hinstrough
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10118A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18- 40 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to Jan 18, 1940
 I last saw her alive on Jan 12, 1940 Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:

Heart block

Date of onset
Jan 10

Other contributory causes of importance:
Ch. Myocarditis

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?
 If so, specify _____
 (Signed) W. G. Huff, M. D.
 (Address) Moberly, Mo

*M. Kimbrough
Clark*

RECEIVED

District Health Officer No. 10

District File Number *2-40-301*

Date Filed **FEB 6** 1940

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

Paul T. Hackney

Licensed Embalmer No. *3592*

924 W End Pl

P. O. Address *Moberly, Missouri*

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, above space should be left blank.