

Registration District No. 853

Primary Registration District No. 4516

Registrar's No. 5

1. PLACE OF DEATH:

- (a) County Sullivan
(b) City or town Harris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William Harvey Blagg

3. (b) If veteran, _____ 3. (c) Social Security
name was Spanner American No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Blagg
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug 8 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Newspaper Owner

11. Industry or business _____

MOTHER FATHER { 12. Name John Blagg
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Martha Weston
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Blagg

(b) Address Harris Mo.

17. (a) Burial (b) Date thereof Feb. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris

18. (a) Signature of funeral director Judd Payne

(b) Address Newtown Mo.

19. (a) Mar 8 1940 (b) Mrs. Ruth Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Sullivan
(c) City or town Harris
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1940 hour 11:55 minute PM

21. I hereby certify that I attended the deceased from Feb 22
1940 to Feb 24 1940
that I last saw him alive on Feb 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia Duration 12 hrs
Due to Pneumonia agitata 10 yrs
Due to _____

Other conditions
(Include pregnancy within 3 months of death) 10 yrs

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. H. Wise (M. D. or other) W. H. Wise
Address Harris Mo. Date signed Feb 26 1940

RECEIVED

District Health Officer No. 10

District File Number 3-40-623

Date Filed MAR 13 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 T. Howard Judel

Licensed Embalmer No. 13240

P. O. Address Newtown, Me.

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.