

FILED APR 22 1940

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

10790

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dallas Registration District No. 244  
 (b) Township Joppe 2 Primary Registration District No. 5338 Registered No. ....  
 (c) City .....  
 (d) Street No. ....  
 (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. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Jesse Jackson Gargus 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unwedded  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Gargus  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1860  
 7. AGE YEARS 79 MONTHS 6 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

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) V (STATE OR COUNTRY) O

13. NAME Mathias Gargus  
 14. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY) O

15. MAIDEN NAME Siluy workman  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) O

17. INFORMANT Jess Gargus (ADDRESS) Windy Hills rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Rock DATE 3-13-40

19. FUNERAL DIRECTOR (NAME) H. B. Jovan (ADDRESS) Buffalo mo

20. FILED 4-10 1940 ms. C. E. Reed 955 (Address) Buffalo, Mo  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1940, to 3-11, 1940  
 I last saw him alive on 3-10, 1940. Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset ?

Other contributory causes of importance: 92 U

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) R. E. Hagedorn, M. D.

RECEIVED

Dist. Health Officer No. 7,

License File Number 4-40-656

Date Filed 4-12-40

REC'D RECORDS

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10790

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 244

Primary Registration District No. 3338

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Dallas  
(b) City or town: Jasper Rural  
(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:  
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jesse Jackson Gargues

(b) If veteran, name war

(c) Social Security No.

4. Sex: m

5. Color or race: w

6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive: years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-10-40 (b) Mrs C E Reed (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: missouri (b) County: Dallas  
(c) City or town: Windyville Rural  
(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 3 day 11 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: P. E. Harrell (M. D. or other)

Address: Buffalo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-10790

1940