

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10798**  
Registrar's No. **5**

Registration District No. **250**

Primary Registration District No. **4150**

1. PLACE OF DEATH:

(a) County **Daviess**  
(b) City or town **Gallatin**  
(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 **2**  
(Specify whether  
In this community **Life**  
years, months or days) **2 2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**  
(c) City or town **Gallatin**  
(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 **March** day **5**  
year **1940** hour **1** minute **15** A.M.  
21. I hereby certify that I attended the deceased from **Dec 25**  
**1932**, to **March 5**, 19**40**;  
that I last saw her alive on **March 5**, 19**40**;  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Hattie Elizabeth Haggerty**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elmer R. Haggerty** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 14 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**44 10 21** hr. min.

9. Birthplace **Daviess County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

12. Name **Andy J. Cox**

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

14. Maiden name **Lydia Jane Curtis**

15. Birthplace **Daviess County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Woodrow Robinson**  
(b) Address **Gallatin, Missouri**

17. (a) **Burial** (b) Date thereof **3-6-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Thru. & Und. Co.**

(b) Address **Gallatin Missouri**

19. (a) **March 6-4** (b) **H. W. Bailey**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Carcinoma of fundus & cervix of uterus secondary anemia**

Due to **48**

Due to **---**  
Other conditions **Chronic Bronchitis**  
(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? **---** (e) Means of injury **---**

23. Signature **H. W. Bailey D.D.** (M. D. or other) **3**  
Address **Gallatin MO** Date signed **3/6/40**

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

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R. 11423  
District Health Officer No. 11,  
District File Number 446-484  
Date Filed APR 10 1940

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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

*L. O. Richesson*

Licensed Embalmer No.

*3303*

P. O. Address

*Gallatin, Mo*

**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.**