

REC MAY 15 1940

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

16326
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan 2 Registration District No. 852
 (b) Township 2nd 0 Primary Registration District No. 6120 Registered No. _____
 (c) City Milan (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Effie Dora McHargue
 (a) Residence, No. _____ 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 William McHargue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>		<u>14</u>	

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.

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) Paris Mo. 0

FATHER

13. NAME J. D. Cuttenger 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 9

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT William McHargue
(ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACED Thomas Union DATE Mar 29, 1940

19. FUNERAL DIRECTOR (NAME) W. H. Hagan
(ADDRESS) Milan, Mo.

20. FILED Mar. 29, 1940 Cleo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939, to March 28, 1940
 I last saw her alive on March 28, 1940. Death is said to have occurred on the date stated above, at 12:00 noon
 The principal cause of death and related causes of importance were as follows:
Hodgkins Disease Date of onset _____
First noticed last fall

Other contributory causes of importance: 72 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) W. H. Hagan, M. D.
 (Address) Milan, Mo.

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

District Health Officer No. 10

District File Number 5-40-1015

Date Filed MAY 14 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, Self

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Russell C. Ruggen

Licensed Embalmer No. 3792

P. O. Address Milan, 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.