

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32421

Registration District No. 470

Primary Registration District No. 51633

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 92 1/2 days (Specify whether
In this community 92 1/2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Leslie R# 1
(If outside city or town limits, write "RURAL")
(d) Street No. R# 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rose Bargaen

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 26 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name August Bargaen

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

14. Maiden name Carrie Hoemann

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

16. (a) Informant Ethel McMichael-Reoord Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof Sept 7/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Mo.

18. (a) Signature of funeral director Fossett & Fungy Home

(b) Address MT. VERNON, MISSOURI

19. (a) 9-7-1940 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1940 hour 2:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 5th, 1938, to Sept. 6, 1940;
that I last saw her alive on September 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 1/2 yrs

Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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? 49

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

23. Signature Charles J. Reaney (M. D. or other) _____
Address Mo Vernon Date signed 9/16/40

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

5

RECEIVED

District Health Officer No. 6,

District File Number 1040-2756

Date Filed OCT 17 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.....

Max Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed Max H. O. Fossett

Licensed Embalmer No. 2720

P. O. Address W. Vernon, 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.