No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED OCT 1 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32435

Registration District No. 471 Primary Registration District No. 5634 Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence Bilm. Twp

(b) City or town Monett 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13th & Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town 13th. & Park
(If outside city or town limits, write "RURAL")

0

(d) Street No. Monett, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Houston Haggard

3. (b) If veteran, name war S.S. 716-18-0392 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dicie Shipman Haggard 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 15, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	14	hr. min.

9. Birthplace Lawrence County, Mo. 6 (City, town, or county) (State or foreign country)

10. Usual occupation Crossing Watchman 1

11. Industry or business Belt Ry. Co.

MOTHER FATHER

12. Name Samuel Houston Haggard 0

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

14. Maiden name Frances Hewlett

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

16. (a) Informant Elbert R. Haggard

(b) Address 13th. & Park, Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Calloway

(b) Address Monett Mo

19. (a) Sept. 30 (Date received local registrar) (b) C B Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1940 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 21, 1940 to Sept. 29, 1940; that I last saw him alive on Sept. 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Carcinoma of Prostate (type not Known)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51	

Major findings:
Of operations
Of autopsy

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

23. Signature Fred J. Hargrove, M.D. (M. D. or other) 1

Address Monett, Mo. Date signed 9-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1040 — 2709
Date Filed OCT 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, or by J. D. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Morell Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.