

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39420

State File No.

Registration District No. 1074

Registration District No. 6274

Registrar's No. 15

## 1. PLACE OF DEATH:

- (a) County Ozark  
(b) City or town Rural - Pine Creek  
(If outside city or town limits, write "RURAL" and name of township) Mo.  
(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 \_\_\_\_\_ (Specify whether)

In this community 40 years  
years, months or days

3. (a) PRINT  
FULL NAME

LAURA JANE HARGIS

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

Fe.5. Color or  
race W6. (a) Single, widowed, married,  
divorced Married

## 6. (b) Name of husband or wife

W. M. Hargis

## 6. (c) Age of husband or wife if

alive 65 years

## 7. Birth date of deceased

Feb.  
(Month)2  
(Day)1895  
(Year)

## 8. AGE:

Years

Months

Days

If less than one day

6599

hr. min.

## 9. Birthplace

Miller County, Mo  
(City, town, or county) (State or foreign country)

## 10. Usual occupation

House wife

## 11. Industry or business

12. Name William Kanitzer13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Melina Blige15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. M. Hargis(b) Address Sycamore, Mo.17. (a) Burial (b) Date thereof 11/12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pat Martin Cemetery18. (a) Signature of funeral director O. B. M. Church(b) Address Chinesville, Mo.19. (a) 11/13/40 (b) John White  
(Date received from registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Ozark  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2nd N. Zoucoui  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 11  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 14, 1940  
to Nov 11, 1940;  
that I last saw him alive on Nov 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac

Duration

Decompensation2 Mo

Due to

Hypertension20 yr

Due to

Nephritis20 yr

Other conditions

(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
578 (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury 3

23. Signature M. J. Haermon (M. D. or other) Do  
Address Chinesville, Mo. Date signed 11-12-40

RECEIVED

District Health Officer No. R.

District File Number. 1240-2957

Date Filed DEC 6, 1940

*Feb. 2*

*65*

*1865*

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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.