No. 2
11-10-39
5-17-39
1 X21402

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42436

State File No.

JAN 15 1941

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 15 hrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town NEW HAVEN (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.

3. (a) PRINT FULL NAME BENJAMANN HARGESS

3. (b) If veteran, name war None

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 MARY HARGESS

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

7. Birth date of deceased FEB (Month) 23 (Day) 1854 (Year)

8. AGE: Years 86 Months 9 Days 5 If less than one day hr. min.

9. Birthplace NEW HAVEN, (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name WILLIAM HARGESS
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ELISEBETH BARNES
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Harry Hargess

(b) Address New Haven Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven CEM.

18. (a) Signature of funeral director L. C. Leitz & Son

(b) Address New Haven, Mo.

19. (a) Dec. 1 1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1940 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 27 to Nov 28, 1940, to 8 30 pm & 5 AM, 1940; that I last saw him alive on Nov 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull — Duration 10 hrs

Due to Accidental Fall Down Stairs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations O. H. Shoffer 186 W

Of autopsy Phos. P. Coroner 15

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) Accident

(b) Date of occurrence Nov 27 1940

(c) Where did injury occur? New Haven (City or town) Franklin (County) Co. Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 270 at home (Specify type of place)

While at work? no (e) Means of injury Fracture Skull

23. Signature R. R. Cuttler (M. D. or other) M.D.

Address Washington Date signed 11-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl O. Fleitz

Licensed Embalmer No. 3385

P. O. Address.....

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, above space should be left blank.