

MAR 14 1941
Registration District No. **281**

Primary Registration District No. **6256**

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

4
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1. PLACE OF DEATH:

(a) County Wangden
(b) City or town Osgo Spencer
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Elihu Maggard
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Maggard 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 7 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Conan Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Ruben Maggard
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name E. Elizabeth Bugge
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James Maggard
(b) Address Kettner, Mo.

17. (a) burial (b) Date thereof Jan. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osgo cemetery

18. (a) Signature of funeral director James Rafter
(b) Address Avu, Mo.

19. (a) 2-25-1941 (b) Reba King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wangden
(c) City or town Osgo Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1941 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from June 1940
_____ 19____, to Jan. 10, 1941
that I last saw him alive on Jan. 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Nephritis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
1318

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 J. D. Maggard (M. D. or other) _____
Address Osgo Mo Date signed 1/31/41

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 341-358

Date Filed MAR 4 1941

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.