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7-39
X23159

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution McNamee Convalescent Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 58 years
years, months or days

3. (a) PRINT FULL NAME BAM S. HAGLER

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 27 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 1 3 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Julia F. Taylor

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

14. Maiden name Josephine Foster

15. Birthplace Madison Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kevin Taylor

(b) Address Carthage City Mo

17. (a) Burial (b) Date thereof Apr 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bud Oak

18. (a) Signature of funeral director Ed. H. Hunschild
(b) Address Lochmanville Mo

19. (a) Feb 25, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. R #1, Golden City, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1941 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from Mar 24, 1941, to Mar 25, 1941, that I last saw him alive on Mar 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Sepsicemia Duration 7 days

Due to Staphylococic Sore throat 1/10 7 days

Due to _____

Other conditions none 1/10
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 7

(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? 915
(Specify type of place) (e) Means of injury _____

23. Signature George H. Wood (M. D. or other) M.D.
Address Carthage Mo Date signed 3/25/41

41-4-402

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 R. L. Hauschild

Licensed Embalmer No 3234

P. O. Address La. Kinwood, 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, fact should be so stated above.