

FILLED NOV 24 1941

Registration District No. 550

Primary Registration District No. 5708

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural - Cadley township
(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 _____ years, months or days) !

3. (a) PRINT FULL NAME JAMES MAOLSON LAGLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary C. Lagle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 - 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Richard Lagley

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

14. Maiden name Nancy J. Bastie

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Lasket

(b) Address Elmer, Mo

17. (a) Burial (b) Date thereof Oct. 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell

18. (a) Signature of funeral director W. H. McCallum

(b) Address South Gillard, Mo

19. (a) Mo. 10 (b) Mrs Lloyd Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town South Gillard
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1941 hour 12 minute 30 PM

21. I hereby certify that I attended the deceased from Oct 11
_____ 1941 to Oct 12 1941
that I last saw him alive on Oct 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Pancreas -
Probably 1 yr
Due to _____
Due to _____

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

Major findings: H&G
Of operations _____
Of autopsy _____

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? No. Newton

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

23. Signature H. O. Newton (M. D. or other) _____
Address Zaklata Mo Date signed 11/14/41

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

061
0
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061
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RECEIVED

District Health Officer No. 10

District File Number

H-4A 2092

Date Filed

NOV 19 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

M. H. McCallum

Licensed Embalmer No. *2052*

P. O. Address *South Lifford*

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.