

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38291

DEC 15 1941

State File No. _____

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 915

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U.S. Highway 66 1 mile East of City
(If not in hospital or institution, write street number or location) R. 10
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1/2 Day
years, months or days

3. (a) PRINT FULL NAME Clayton Aagard

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Nov. 25 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 11 27 hr. min.

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

10. Usual occupation Private U.S. Army
11. Industry or business Stationed at Ft. Leonard Wood Co D. 29th. Bn. ERTC

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Laura M. Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Aagard
(b) Address Levan, Utah

17. (a) Removal (b) Date thereof Nov. 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levan, Utah

18. (a) Signature of funeral director Low Clark
(b) Address Springfield, Mo. 1301 E. 11th St.

19. (a) 11-24-41 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Utah (b) County Juab
(c) City or town Levan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1941 hour 11 minute 15 p. m.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him in dead on November 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Accident on Highway - run over by Automobile - Both legs broken and fractured skull
Due to 100-6
Other conditions (Include pregnancy within 5 months of death) 21

Major findings: Of operations Auto & Pedestrian
Of autopsy _____

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 11-23-41
(c) Where did injury occur? Springfield, Greene State
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place U.S. Highway 17 1/2 miles East of Levan
(Specify type of place) (e) Means of injury Automobile
While at work? no (If so, specify) Yes - 13. Keenan acting as driver
(Signature) (Date signed 11-24-41)

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, fact should be so stated above.