

DEC 18 1941
Registration District No. 416 25-

Primary Registration District No. 3031

Registrar's No. 155

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

1. PLACE OF DEATH:

(a) County Madawasky
(b) City or town Marionville
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rockport, Mo
(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 _____

3. (a) PRINT FULL NAME Frederick Hague

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

4. Sex Female 5. Color or race White 6. (a) ~~Single~~ widowed, married, divorced _____
6. (b) Name of husband or wife John F. Hague 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 29 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

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

16. (a) Informant M. S. Hague
(b) Address Goodland, Kansas

17. (a) Burial (b) Date thereof 11 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rockport, Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Marion, Mo

19. (a) 11-29-41 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1941 hour 9:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 18
_____ 1941 to Nov 22 1941:
that I last saw her alive on Nov 21 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, heart disease with acute infarct
Due to Arteriosclerosis & shock
Due to Obstructive pulmonary disease rt. lobe
Other conditions (Include pregnancy within 3 months of death) 1860

Major findings: Of operations _____
Of autopsy _____
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 003
(b) Date of occurrence Nov 17 1941
(c) Where did injury occur? Rockport Atchison Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - Teller St
(Specify type of place)
While at work? no (a) Means of injury Fall

23. Signature Campbell (M.D. or other) _____
Address Rockport, Mo Date signed Nov 24 41

25-5
Dr. Sullivan
Maiden

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.