

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month & 20 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 325 South Roane
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Gene Hargis

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive now years

7. Birth date of deceased July 4 1926
(Month) (Day) (Year)

8. AGE: Years 15 Months 5 Days -- If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business At school

12. Name John Cecil Hargis

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

14. Maiden name Florence Kay

15. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Father John Cecil Hargis

(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 12/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Missouri

19. (a) DEC. 6. 41 (b) H. G. Smith M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1941 hour 12:30 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 4 to Dec 4 1941
that I last saw alive on Dec 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever
Due to _____
Due to _____

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

Major findings: _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature H. G. Smith (M. D. or other) MD
Address Webb City, MO Date signed 12/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

42-1-1075

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 E. W. Hedge
Licensed Embalmer No. 285-9
P. O. Address. St. Louis, 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.