

FILED FEB 11 1942

Primary Registration District No. 4368

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Nedaway
(b) City or town Barnard, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Forty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 42 hour 9:30 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 1929
to Jan 1942, 19____ to Jan 1942, 19____;
that I last saw him aw alive on Jan. 30. 42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 36 hr

Due to the pneumonia Endocarditis 45 yrs
and also cerebral degeneration
Due to Heart's infarct 21 yrs

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

Major findings: _____ PHYSICIAN _____
Of operations 0 61
Of autopsy 0
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) 0
(b) Date of occurrence 0
(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?

(Specify type of place)
While at work? _____ (e) Means of injury 0 1
23. Signature J. H. Reine (M. D. or other) M.D.
Address Maryville Mo Date signed 1.31.42

3. (a) PRINT FULL NAME George Harvey Hargrave

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 Dorothy E. Hargrave 6. (c) Age of husband or wife 18 years

7. Birth date of deceased Feb 18, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Druggist

11. Industry or business own pharmacy

12. Name John Franklin Hargrave

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

14. Maiden name Margaret Wiley

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

16. (a) Informant Mrs Margaret Everett

(b) Address Hamilton Missouri

17. (a) Burial (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Mo

18. (a) Signature of funeral director Charles H. Fernald
(b) Address 95 1/2 South Main, Maryville Mo

19. (a) 2-7-42 (b) Chas. H. Fernald
(Date received local registrar) (Registrar's signature)

548

(Licensed Embalmer's Statement on Reverse Side)

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

74

REC
FEB 21 1922

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 Marville N.C.

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.