APR 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10652

Do not use this space.

1. PLACE OF DEATH
(a) County Dade
(b) Township Cedar Twp
(c) City
(d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. 5-3-46
Registered No.

2. PRINT FULL NAME ELVIRA HAGINS
(a) Residence, No. RURAL St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S B HAGINS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-20-1854
7. AGE YEARS 88 MONTHS X DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. FARM-OWNER
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MILFORD - BARTON Co MO

FATHER
13. NAME EBBON DAVINE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known. TENN

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) C O Hagins Jerico Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Cemetery DATE 2-13 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) O P Mitchell JERICO Spg Mo
20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB-11, 1942
22. I HEREBY CERTIFY, That I attended deceased from Nov-5, 1941, to 2-10, 1942
I last saw her alive on Feb 1-, 1943. Death is said to have occurred on the date stated above, at 5-P m.
The principal cause of death and related causes of importance were as follows:

arterio sclerosis
& Cardiac failure

Date of onset

97

Other contributory causes of importance:
Hypertention & Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G B Brewster C, M. D.
(Address) Jerico Springs Mo

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 442-414
Date Filed APR 4 1942

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, O P Mitchell, or by —

Registered Apprentice No. —, working under my personal supervision.

Signed O P Mitchell

Licensed Embalmer No. 1908

P. O. Address Jerico Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. 2B
21-41
29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10652

Registration District No. 238 Primary Registration District No. 5326 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DADE

(c) City or town JERICO SPGS RURAL
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Elvira Hagins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife SAM

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Jan (Month) 20 (Day) 1854 (Year)

8. AGE: Years 88 Months — Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business owner

FATHER
12. Name EBBON DAVINE
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant HUGH HEGGINS
(b) Address JERICO SPGS Mo

17. (a) DADE Co Mo (Burial, cremation, or removal) (b) Date thereof 2-13 (Month) (Day) (Year)
(c) Place: Burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director O Pmitchell
(b) Address Jerico Spgs Mo

19. (a) 6/2/1942 (Date received local registrar) (b) Bernice M Lainer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) 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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-10652 1942