

S. No. 2
1-9-4-41
5-17-39
X2944

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18136

FILED JUN 19 1942

State File No.

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town (Rural) Benedict
(If rural, city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11111 E. 6th. Kansas Hsp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 3 mos. 5 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 11111 E. 6th St. Kansas City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME BONNIE GALE HARGIS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: Feb - 10, 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 5 If less than one day - hr. - min.

9. Birthplace Independence MO
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business -

12. Name Giles W. Hargis, Jr

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

14. Maiden name Melba M. Hughes

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

16. (a) Informant Mrs. Giles W. Hargis, Jr
(b) Address 11111 E. 6th

17. (a) Burial (b) Date thereof 5/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Washington Cem

18. (a) Signature of funeral director Leo C. Mason
(b) Address Independence MO

19. (a) May 19-42 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour 12 minute 12 P.M.

21. I hereby certify that deceased from Sept. Carcinoma
that I last saw him alive on Sept. 10, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Stasis thrombo-lymphatic

Duration

Due to Stasis thrombo-lymphatic

Other conditions 64
(Include pregnancy within 3 months of death)

Major findings: 64
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 -
Specific type of place (or types of injury) 3

23. Signature Leo C. Mason (M. D. or other)

Address K.C. Mo. Date signed -

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

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1143

(Licensed Embalmer's Statement on Reverse Side)

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

Frankenburg

Licensed Embalmer No.

2467

P. O. Address

Indep. 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.