

FILED JUN 12 1942 796
Registration District No.

Primary Registration District No. **3038**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
671 South Odell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 671 So Odell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ambrose Haggard

3. (b) If veteran, name war # _____ 3. (c) Social Security No. 195-01-18026

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

6. (b) Name of husband or wife Lillie Kay Norman 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 27 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 8
hr. _____ min.

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

10. Usual occupation Elevator Man

11. Industry or business Flower Mill

MOTHER FATHER { 12. Name James S. Haggard
13. Birthplace Lafayette Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Chinn
15. Birthplace Lafayette Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. A. Haggard

(b) Address 671 South Odell, Marshall

17. (a) Burial (b) Date thereof May 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Surrency

(b) Address Marshall, Mo.

19. (a) May 5, 1942 (b) Mrs. T. O. Woodcock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 - 1942
year _____ hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 2 - 1942 to May 5 - 1942
that I last saw him alive on May 4 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending paralysis or creeping Duration 2 mo.

Due to _____
Due to 82'
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations No Of autopsy No
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)
(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 _____
23. Signature A. Brittran (M. D. or other) _____
Address Marshall, Mo. Date signed 5-5-42

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

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MOTHER FATHER

RECEIVED

District Health Officer No. 1

District File Number

Date Filed 6-11-42

JUN 17 1954

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.....

Licensed Embalmer No. 2285

P. O. Address Marshall, 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.