S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25604

Registration District No. 371 Primary Registration District No. 6262 Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town West Dallas - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West Dallas Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Joseph Kinser Hargus
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Belle Hargus
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased August (Month) - 11 (Day) - 1859 (Year)

8. AGE: Years 82 Months 11 Days 16 If less than one day x hr. x min.

9. Birthplace (City, town, or county) U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Whiteside Hargus
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Temperance Medley
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Birdie Mc Donald (daughter)
(b) Address Marshfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove
18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Missouri
19. (a) Aug 8-1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 4 minute p.m.
21. I hereby certify that I attended the deceased from on July 27, 1942, to at 9 a.m., 19.. that I last saw him alive on July 27 10 a.m., 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure (Atrophic)	Several Years
Due to Advanced age.	
Due to Precipitated by attack of Diarrhea, infectious, non-specific	3 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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)
(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

23. Signature C. P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo Date signed 7/28/42

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1054
Date Filed AUG 10 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, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.