V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27762

State File No.

Registration District No. FILED SEP 11 1942 Primary Registration District No. 5836 Registrar's No. 106

73
0
0

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL, NEOSHO TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Newton County Infirmary 5
(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 MISSOURI (b) County NEWTON 73
(c) City or town RURAL NEOSHO TWP. 0
(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 0

3. (a) PRINT FULL NAME ELMER ELLSWORTH HARGRAVE

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 3 (Day) 1867 (Year)

8. AGE: Years 75 Months 7 Days 18 If less than one day hr. min.

9. Birthplace POLK COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JOHN HENRY HARGRAVE
13. Birthplace POLK COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name ARMENTA HAYS
15. Birthplace UNKNOWN (City, town, or county) SO. CAROLINA (State or foreign country)

16. (a) Informant Hobert Hargrave
(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem.

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.

19. (a) 8-22-42 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 21 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Aug 21, 1942, that I last saw him alive on August 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis — Duration 3 years

Due to cystitis & prostatitis
Broken hip 2 years
Due to in bed for year or two
most of time
Other conditions Dropsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 b

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 R C Lawson (M. D. ~~or other~~)
Address Neosho Mo Date signed 8/22/42

#P

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 942-1361

Date Filed SEP 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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.