

Registration District No. 755

Primary Registration District No. 6245

Registrar's No. 1824

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Rural 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community 5.8 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ripley  
(c) City or town 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 EPPA H. HAGOOD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Hagood 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased June 10, 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sacramento Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business \_\_\_\_\_

12. Name James Hagood

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

14. Maiden name Sarah E. Cantrell

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

16. (a) Informant A. L. Hagood

(b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof May 4, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Chapel Ch.

18. (a) Signature of funeral director Blacke mortuary

(b) Address Douglas, Mo.

19. (a) 9542 (b) E. D. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-10-1942 to 5-3-1942  
that I last saw him alive on 4-10-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration \_\_\_\_\_

Due to arterial sclerosis and nephritis.

Due to \_\_\_\_\_

Other conditions Thrombo-angiitis obliterans  
(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)  
(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 J. Edw. Adamson (M. D. or other)  
Address Douglas, Mo. Date signed 5-7-42

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

674

RECEIVED

District Health Officer No. 5,

District File Number

942813

Date Filed

9-11-42

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**