

S. No. 2  
9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29714

State File No.

Registrar's No. 14

Registration District No. 20

Primary Registration District No. 5087

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rural Grand River  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital of Union on Hwy 18  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)  
In this community 50 years

3. (a) PRINT FULL NAME George Littleton Argabright

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Antude Argabright 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Nov. 22 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Littleton Argabright

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

14. Maiden name Mary M. Harrison

15. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Christine A. Wade

(b) Address Adrian Mo

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Sept 15 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Upton Cemetery

18. (a) Signature of funeral director Adrian Mo

(b) Address Adrian Mo

19. (a) 9-14-42 (Date received local registrar) (b) Blanche R. R. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Mary's Hospital on Hwy 18  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1942 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 11 1942 to Sept 14 1942  
that I last saw him alive on Sept 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas

Other conditions Chronic Nephritis + Diabetic Mellitus

(Include pregnancy within 3 months of death)

Due to

Due to

Other conditions Chronic Nephritis + Diabetic Mellitus

(Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place) (e) Means of injury 2

23. Signature A. D. & Colon (M. D. or other) DO

Address Adrian, Mo Date signed 9/14/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 10-42-1092,

Date Filed 10-7-42,

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 and

Fred I. Loreath #3343, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Leif Six

Licensed Embalmer No. 3650

P. O. Address Adrian 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.**