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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30646

State File No. 30646

Registration District No. 767 | Primary Registration District No. 4266 | Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: not hospitalized /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: xxxx (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson
(c) City or town: Holden
(If outside city or town limits, write "RURAL")
(d) Street No.: no street number
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: xx

3. (a) PRINT FULL NAME: Mary Margaret Haggard
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: fem /
5. Color or race: cauc
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: J. M. Haggard
6. (c) Age of husband or wife if alive: dec'd years
7. Birth date of deceased: July 6, 1850 (Month) (Day) (Year)

8. AGE: Years 92 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace: Kentucky (City, town, or county) xxxx / (State or foreign country)
10. Usual occupation: none
11. Industry or business: at home
FATHER
12. Name: J. W. C. Huls
13. Birthplace: unknown (City, town, or county) Illinois / (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Charles Gibson
(b) Address: Holden, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 22, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Cemetery.
18. (a) Signature of funeral director: Canaday and Ropp
(b) Address: Holden, Missouri.
19. (a) Aug. 31 - 1942 (Date received by local registrar) (b) Mrs Frank Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 21 year: 1942 hour: 1:30 minute: A. M.
21. I hereby certify that I attended the deceased from Jan 11, 1940 to Mar. 27, 1942 that I last saw him alive out of town when stricken and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Senility.
Due to:
Other conditions (Include pregnancy within 3 months of death): 830
Major findings:
Of operations:
Of autopsy:

Duration

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: Edward Andrews (M. D. or other)
Address: Holden, Mo. Date signed: Aug. 22

1002 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-42

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.