S. No. 2
—9-4-41
5-17-39
PI X29484

05
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42223

FILED JAN 13 1943 852,381

Registration District No. 852,381 Primary Registration District No. 6-1206183 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan Polk Twp

(b) City or town Milan, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Missouri (b) County Sullivan

(c) City or town Rural. Polk Twp
(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 Fred Lee Maggart

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August (Month) 1 (Day) 1892 (Year)

8. AGE: Years 50 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Milan (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name De Witt Clinton Maggart
13. Birthplace Sullivan Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lydia Wilhite
15. Birthplace Sullivan Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John L. Maggart
(b) Address Milan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wilhite Cem. Milan

18. (a) Signature of funeral director Schoene's
(b) Address Milan, Mo (Frank D.)

19. (a) Jan 7-43 (Date received local registrar) (b) Mrs. L. D. Green (Registrar's signature)

1190

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1942 hour 11 minute 45a M.

21. I hereby certify that I attended the deceased from March 3, 1942, to Dec. 11, 1942, that I last saw him alive on Dec. 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure. Myocarditis.

Due to

Due to

Other conditions Chronic asthma (allergic)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: several months. many years

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 0

23. Signature J. S. Montgomery (M. D. ~~or other~~)

Address Milan Mo. Date signed 12-19-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-56
Date Filed Jan-11-1943

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.