

S. No. 2
M-542
5-17-39
X32877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1940

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15723
Registrar's No. 62

Registration District No. 360 Primary Registration District No. 6225

1. PLACE OF DEATH:
(a) County Yernon
(b) City or town Rural - Washington
(c) Name of hospital or institution St. Hosp # 3 2
(d) Length of stay: In hospital or institution 21 yrs 10 mo 5 da
In this community 21 yrs 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Yernon
(c) City or town Rural
(d) Street No. St. Hwy # 3
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Anna Ellen Haggard
3. (b) If veteran, name war _____ 3. (c) Social Security No. 77070

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20 year 1943 hour 11 minute 40 A.
21. I hereby certify that I attended the deceased from Oct 15 1928 to April 20 1943
that I last saw her alive on April 20 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife John Haggard 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Feb 2 18 96

Immediate cause of death Broncho pneumonia
Due to Chronic myocardial degenerative
Due to _____
Other conditions (include pregnancy within 3 months of death) 93d

8. AGE: Years 47 Months 2 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace Pittsburg Kans
10. Usual occupation none

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name T. C. Ward
13. Birthplace Unknown
14. Maiden name Belle Pearson
15. Birthplace MO

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? _____
(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 F. L. Martine (M. D. or other) MO
Address Nevada Date signed 4/24/43

16. (a) Informant Keep record
(b) Address Nevada MO
17. (a) Burial (b) Date thereof 4-22-43
(c) Place: burial Brunson MO
18. (a) Signature of funeral director W. H. Haggard
(b) Address Brunson MO
19. (a) 4-23-43 (b) Hazel B. Beuick

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

RECEIVED
District Health Officer No. 7,
District File Number 4-43-186
Date Filed 5-7-43

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.....

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

Signed Minnie L. W. Helchel.....

Licensed Embalmer No. 2277.....

P. O. Address Branson 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.