

S. No. 2
M-1-4-41
v. 5-17-38
D. I. X253

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29520

State File No. _____

Registrar's No. 62

FILED AUG 16 1943 57

Registration District No. _____

Primary Registration District No. 6188

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 yrs. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi North of Bethel.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Triplett Claggett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Lena Claggett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30 1891
(Month) (Day) (Year)

Immediate cause of death Accidental Death caused by a train of horses

Due to summing off to a wagon

Due to Verdict of Coroner's Jury

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 72 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 175 lbs

Of autopsy 3

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

12. Name Douglass Claggett

13. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Harnet Stone

15. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Carol Claggett

(b) Address Bethel, Mo.

17. (a) Burial (b) Date thereof 7/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark Cemetery

18. (a) Signature of funeral director W. Musgrave

(b) Address Bethel, Mo.

19. July 14 43 (b) Madge Good
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 102

(b) Date of occurrence July 10, 1943

(c) Where did injury occur? Shelby Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on the farm
(Specify type of place) (e) Means of injury _____

While at work? _____ (e) Means of injury _____

23. Signature E. P. Thompson (Mr., Dr., or other) Coroner

Address Shelbyville, Mo. Date signed 7/14/43

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

02
0
0

10 75

(Licensed Embalmer's Statement on Reverse Side)

7/14/43

RECEIVED
District Health Officer No. 10
District File Number 8-43-1403
Date Filed AUG 12 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. *Self*

Signed *C. W. Musgrove*
Licensed Embalmer No. 2719
P. O. Address *Bethel 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.