

0.2
2-43
7-39
X35897

FILED FEB 8 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Hicksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Shum & Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME William L. Pagitt

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

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

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

7. Birth date of deceased April 14 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Pagitt
13. Birthplace Delmar, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Ford
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Vaughn

(b) Address Hicksville, Mo.

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armi Memorial

18. (a) Signature of funeral director P. O. Fenton

(b) Address Lancaster, Mo.

19. (a) 1-1-44 (b) Mrs. J. W. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylster
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 3, 1944, to Jan 19, 1944
that I last saw him alive on Jan 18, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Probable septicemia Duration 2 days

Due to Oorchitis left side 1 wk

Due to Hemorrhagic disease arising from hemorrhage from gums & bladder 3 mo

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

PHYSICIAN
Major findings: _____
Of operations 138
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury C

23. Signature George E. Brown (M. D. or other) MD

Address Hicksville, Mo. Date signed 1-19-44

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

RECEIVED

District Health Officer No. 10

District File Number 244-313

Date Filed FEB 5 1944

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~~

P. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Mass.

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.