

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

FILED FEB 14 1944

State File No. _____

Registration District No. 379

Primary Registration District No. 4553

Registrar's No. 4

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANSEFIELD
(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 67-10-8 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSEFIELD
(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 _____

3. (a) PRINT FULL NAME DELLA FAGAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN C. FAGAN 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased MARCH 20 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace WRIGHT CO. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER } 12. Name WILLIAM P BOB
13. Birthplace TENN. (State or foreign country)
14. Maiden name MARY JOHN SON
15. Birthplace TENN. (State or foreign country)

16. (a) Informant John C. Fagan
(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof FEB 2, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation DENNIS CEMETERY

18. (a) Signature of funeral director FLOYD G. STOFF
(b) Address MANSEFIELD MO

19. (a) FEB 1-1944 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 28 year 1944 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 1941 to Jan 28 1944
that I last saw her alive on Jan 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Hypertension

Due to _____
Other conditions Chronic Valvular Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy gld

Duration

3 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 7

23. Signature W. J. Zimmerman (M. D. or other) DR
Address Mansefield Mo Date signed 1/31/44

1267

RECEIVED

District Health Officer No. 6
-val 47, 8220

District File Number.....

Date Filed FEB 8 1944.....

FEB 16 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *FA Steffe*.....

Licensed Embalmer No. *3221*.....

P. O. Address *Manassas Va*.....

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.