

S. No. 2  
M-5-42  
7-5-17-39  
1 X32873

State File No. ....

FILED MAR 20 1944

Registrar's No. ....

Registration District No. 373

Primary Registration District No. 6281

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution Beverly

(d) Length of stay: In hospital or institution 270 (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

(d) Street No. Central  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Josephine Haggard

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14<sup>th</sup> year 1943 hour 12:35 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Woodbury W. Haggard 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 22, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 - 1943, to Nov 14 - 1943  
that I last saw her alive on Nov 12 - 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 7 Days 22 If less than one day hr. min.

Immediate cause of death Arteriosclerosis

Duration

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

Due to.....

Due to..... 97

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Amber Duke

Of autopsy

13. Birthplace ?

14. Maiden name Martha Hoop

15. Birthplace ?

16. (a) Informant Woodbury W. Haggard

(b) Address Huggins, Mo.

17. (a) Burial (b) Date thereof 11/14/43

(c) Place: burial or cremation Simmons Cemetery

18. (a) Signature of funeral director Russell Barber

(b) Address W. Grove, Mo.

19. (a) (b)

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) (c) Means of injury

23. Signature W. Haggard (M. D. or other)

Address W. Grove Mo. Date signed 11-15-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Russell Barber*

Licensed Embalmer No.

*3848*

P. O. Address

*W. Grove Ave*

**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.**