

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14898

State File No.

FILED MAY 15 1944
Registration District No. 206

Primary Registration District No. 2001

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 day
24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**

(c) City or town Rural--Route 3, Joplin, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 32nd & Shiffendecker **0**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country /

3. (a) PRINT FULL NAME John William Hargis

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Vina

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 5, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 18
If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business Prop. of Hargis Prtg. Co.

12. Name Henry Clay Hargis

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah P. Sheppard

15. Birthplace IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant Vina Hargis

(b) Address Route 3, Joplin, Mo.

17. (a) Burial (b) Date thereof 4-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Missouri

19. (a) 4-24-44 (b) Arthur Dusholte
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 11:55 P. Minute M.

21. I hereby certify that I attended the deceased from 3-29-44 to 4-23-44
that I last saw him alive on 4-23-44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Hypertension
Cardiac asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gpa

Of autopsy

Duration

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.....

23. Signature E. D. Jones (M. D. or other) **0**

Address Joplin, Mo. Date signed 4-24-44

Box (Licensed Embalmer's Statement on Reverse Side)

44-4-360

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 *Jerry K. Schubert*

Licensed Embalmer No. *95-9*

P. O. Address *Applu, Me*

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.