. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23682

State File No.

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Staton Clinic, 215 South Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Eugene Trop (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hermon Max Pagon

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 Infant

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 17 (Day) 1945 (Year)

8. AGE: Years — Months — Days — If less than one day hr. few min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Hermon Loyal Pagon
13. Birthplace Jonesboro (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Virgie Ellen Lambert
15. Birthplace Bucyrus (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Minnie Thomas

(b) Address Wakenda, Missouri

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof July (Month) 19 (Day) 1945 (Year)

(c) Place: burial or cremation Bethleham Cemetary

18. (a) Signature of funeral director Stanley & Gibson

(b) Address Carrollton, Missouri

19. (a) 7-18-1945 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from July 17, 1945, to , 19 ; that I last saw h alive on Lived few Minutes and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth - Nothing the matter with fatty

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Hamilton Staton (M. D. or other)

Address Carrollton Mo Date signed July 18 1945

1053 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-45

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.