

Registration District No. \_\_\_\_\_ Primary Registration District No. 4124

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kahaka

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Kahaka \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

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

3. (a) PRENT FULL NAME ANNA Maude Maggart

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

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. L. Maggart 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 25-1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Thomas Laneless

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

14. Maiden name Caroline Gray

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

16. (a) Informant J. L. Maggart

(b) Address Kahaka Mo.

17. (a) Burial (b) Date thereof May 31-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Revere Co.

18. (a) Signature of funeral director Yutting Lind

(b) Address \_\_\_\_\_

19. (a) 6-1-45 (b) Permy S. Boston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1945 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1 to May 28 1945  
that I last saw him alive on May 28 and that death occurred on the date and hour stated above.

Immediate cause of death acute angina  
asthma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations g4k

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 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(c) Means of injury \_\_\_\_\_

23. Signature J. L. Maggart (M. D. or other) \_\_\_\_\_  
Address Kahaka Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

1273

JUL 13 1945

RECEIVED

District Health Officer No. 10

District File Number 7-45-1108

Date Filed JUL 13 1945

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 *Otis L. Suttner*  
Licensed Embalmer No. *2965*  
P. O. Address *Merap, Mo.*

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.