

S. No. 2  
M-2-43  
5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

36926

FILED DEC 7 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 72

Primary Registration District No. 41-81-5289

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Clay County  
(b) City or town Avondale  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 16 years  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Avondale  
(If outside city or town limits, write "RURAL")  
Rural  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Miss Carrie Daisy Haggood

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased February 11 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 9 14 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Harrison Haggood  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Aristene Charles  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Howard

(b) Address Commerce Bldg., Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza K. C., Mo.

19. (a) Nov 28 1945 Beulah Kitchner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25  
year 1945 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. ex alive on 11-24 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident  
Duration 2 yrs

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

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

Major findings: Of operations Ba  
Of autopsy \_\_\_\_\_  
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 R. H. Halverson M.D. (M. D. or other)

Address W. E. Co. Date signed 11/24/45

1411

(Licensed Embalmer's Statement on Reverse Side)

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

*Commenced By  
N. H. E.  
11 A.M.*

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-5-41.....

Dr. Dunham

JUN 4 1947

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, fact should be so stated above.