

17-39
X37823

FILED MAY 7 1946

Registration District No. **171** Primary Registration District No. **4267** Registrar's No. **4**

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

1. PLACE OF DEATH:
 (a) County **Lafayette**
 (b) City or town **Odessa**
(If outside city or town limits, write "RURAL" and name of township)
 (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: **20 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Harry Daggs**
 3. (b) If veteran, name war: **—** 3. (c) Social Security No. **—**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary F. Daggs** 6. (c) Age of husband or wife if alive **80** years
 7. Birth date of deceased **July 12 1864**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **14** If less than one day **—** hr. **—** min. **—**

9. Birthplace **Rockport, Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**

11. Industry or business **—**
MOTHER FATHER { 12. Name **James Daggs** **7**
 13. Birthplace **Not Known** **7**
(City, town, or county) (State or foreign country)
 14. Maiden name **Phena Smith**
 15. Birthplace **Not Known** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Daggs**
 (b) Address **Odessa, Mo.**
 17. (a) **Burial** (b) Date thereof **Apr. 28 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odessa, Mo.**
Husman-Sparks
 18. (a) Signature of funeral director **Husman-Sparks**
 (b) Address **Odessa, Mo.**

19. (a) **April 29 1946** (b) **Latta Husman-Sparks**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lafayette** **54**
 (c) City or town **Odessa** **4**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
 year **1946** hour **10** minute **7** P. M.
21. I hereby certify that I attended the deceased from **March 17** to **April 26** 19**46**
 that I last saw him alive on **April 26** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema / Cardiac Decompensation**
 Duration **1 wk**

Due to **—**
 Due to **—**
 Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: Of operations **950**
 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. C. Hooley** (D. or other) **—**
 Address **Odessa, Mo.** Date signed **4/27/46**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-6-46

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.....

W. J. Sparks....., Registered Apprentice No. 385
working under my personal supervision.

Signed Irving L. Husman.....

Licensed Embalmer No. 7541

P.O. Address Odessa, 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.