

1. PLACE OF DEATH

(a) County Saline
(b) City or town Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 Pine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Saline
(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Pine (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESSE MOTE HAGGARD

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 married
6. (b) Name of husband or wife Mary Francis Haggard 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased John 24 1869 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Higginsville-Rural Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Mate Haggard
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lucy Ann Quecher
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Verne J Haggard

(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Lessethaw

(b) Address Sweet Springs Mo

19. (a) 1/19/47 (Date received local registrar) (b) Dolly Andrews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1947 hour 6 minute 45^{AM}

21. I hereby certify that I attended the deceased from Jan 17 1947 to Jan 17 1947 that I last saw him alive on Jan 17 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary calcium Duration _____

Due to arterio sclerosis

Due to Dementia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy gkP 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) (c) Means of injury _____
23. Signature Chas R Parsons (M. D. or other) MD
Address Sweet Springs Date signed 1/19/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-31-47

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. 2214

P. O. Address Shoals Springs, 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.