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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26425

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Since October 1946.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 12
(If outside city or town limits, write "RURAL")
(d) Street No. 560 South English
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Virginia Haggard
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. Dee Haggard
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May (Month) 18th (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	I	I9	hr. min.

9. Birthplace Saline county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business ✓
FATHER
12. Name George Wood
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Betty Abel
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant M. Dee Haggard
(b) Address 560 South English, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs, Mo.
18. (a) Signature of funeral director Campbell Lunn
(b) Address Marshall, Mo.
19. (a) July 9th 1947 (Date received local registrar) Sidney T Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 10, 1947, to July 7, 1947; that I last saw her alive on July 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	15 min.
Due to	
Due to: ac Myocarditis.	16 mos.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

93A

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 Ross Kennedy (M. D. or other)
Address Marshall Mo. Date signed 7-8-47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-28-47

JUL 30 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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.