

FILED AUG 1 1947

State File No. _____

Registration District No. 326

Primary Registration District No. 6101

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Scotland
 (b) City or town Gorin, Mo. "Rural"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEVirgil Emerson Argo3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male
5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife.
Velma Argo6. (c) Age of husband or wife if
alive 46 years7. Birth date of deceased July
(Month)26
(Day)1897
(Year)8. AGE: Years 49 Months 11 Days 11If less than one day
hr. _____ min. _____9. Birthplace Nodaway Co. Mo.
(City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William A. Argo13. Birthplace Ohio
(City, town, or county)

(State or foreign country)

14. Maiden name Nellie Hays15. Birthplace Don't Know
(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Velma Argo(b) Address Gorin, Mo.17. (a) Burial (b) Date thereof July 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burr Oak Cemetery18. (a) Signature of funeral director Gerth & Burckhardt(b) Address Myaronda, Mo19. (a) July 26-47 (b) Mrs E. E. Parnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Maryville, Mo (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. South West 2 Maryville, Mo
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) /
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1947 hour 12:00 minute _____ M.21. I hereby certify that I attended the deceased from 11:30 AM
July - 7 - 1947 to 12:10 PM - 7 - 1947
that I last saw h _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis Sudden

Duration

Due to Don't Know

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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 F M Jolles (M. D. or other) _____
Address Gorin Mo Date signed 7-9-47

RECEIVED
District Health Officer No. 10
District File Number 7-47-904
Date Filed JUL 30 1941

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..... *Geo. V. Baskett*

Licensed Embalmer No..... 1817

P. O. Address..... *Wyaconda, 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.