

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. J. D. Mc... 21358
State File No. W-1358

Registration District No. 178 Primary Registration District No. 2000 Registrar's No. 471

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
707 North Main Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Walnut Grove, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Emmit Hargrave
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1947 hour 12 minute 25 a.m.
21. I hereby certify that I attended the deceased from 7, 15, 47, 19, to 7, 28, 47, 19, that I last saw him alive on 7, 28, 47, 19, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 17, 1878
(Month) (Day) (Year)

Immediate cause of death Hemorrhage, cerebral
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
69 3 11 hr. min.

Major findings: Of operations 47
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Miller

11. Industry or business Operating Grain Mill
12. Name S. C. Hargrave
13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annis Edge
15. Birthplace Dose County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hargrave
(b) Address Walnut Grove Mo
17. (a) Burial (b) Date thereof July 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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) Manner of injury 1
23. Signature J. D. Murch (M. D. or other) _____
Address Springfield, Missouri Date signed 7, 28, 47

(c) Place: burial or cremation Goac Cemetery
18. (a) Signature of funeral director John C. Brown
(b) Address Walnut Grove Mo
19. (a) July 29, 1947 (b) W. E. Hamblin M.D.
(Date received local registry) (Registrar's signature)

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

MOTHER FATHER

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

Rex Miller

Registered Apprentice No. *459*

working under my personal supervision.

Signed

Gene A. Brown

Licensed Embalmer No. *2664*

P. O. Address *Wahpet, Iowa, 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.