

S. No. 2
M-1/47
v. 5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9155
Registrar's No. 40

FILED MAR 25 1948 57
District No. 57

Primary Registration District No. 3778 5588

19
5
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Reeds mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(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)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State mo

(b) County Jasper

(c) City or town Reeds mo
(If outside city or town limits, write "RURAL") 49

(d) Street No. 3778
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country MO

3. (a) PRINT FULL NAME Melissa B. Haggard

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe! Color or race wh

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wandal

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Sept 23 - 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th
year 1948 hour 21.15 minute P M.

21. I hereby certify that I attended the deceased from Feb 1
..... 1948 to Feb 4 1948
that I last saw her alive on Feb 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac & respiratory failure

Duration 1 day

8. AGE:

Years <u>78</u>	Months	Days	If less than one day
			hr. min.

Due to cerebral hemorrhage

Due to

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: 18

Of operations

Of autopsy 18

9. Birthplace Union Star, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business alpine ashins

12. Name Iowa

13. Birthplace Union Star, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Kelme

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hindman

(b) Address Reeds mo

17. (a) Burial (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reeds mo

18. (a) Signature of funeral director J. K. Killane

(b) Address Reeds mo

19. (a) 2-20-48 (b) R. B. Winton
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (e) Means of injury 9

Signature J. K. Killane (M. D. or other) M.O.

Address Reeds mo Date signed 2-5-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

1948

MAR 25 1948

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 me

..... Registered Apprentice No.

working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Savannah Ga

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.