

FILED MAY 28 1948

Registration District No. 11

Primary Registration District No. 5043

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Rural Sugar Creek T.S.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 in this community All her life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Hildra Hagood

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edward Hagood 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Jan. 4 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 10 hr. min.

9. Birthplace Barry County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name William S. Fogg
 13. Birthplace Ind. (State or foreign country) /
 14. Maiden name Rachel Dotson
 15. Birthplace Ind. (State or foreign country) /

16. (a) Informant Edward Hagood
 (b) Address Seligman, Missouri

17. (a) Burial (b) Date thereof 4-17-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Calver Funeral Home
 (b) Address Cassville, Missouri

19. (a) May 21-1948 (b) Grace Williams
 (Date received local registrar) (Registrar's signature) 10

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
 (c) City or town Rural Sugar Creek T.S.
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If/yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 4/5 1948 to 4/14 1948
 that I last saw her alive on 4/14 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia. Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 101
 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 2

23. Signature C. F. Brown (M. D. or other) 2
 Address Seligman Mo Date signed 4/26/48

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

RECEIVED

District Health Officer No. 6;

District File Number 548-637

Date Filed MAY 26 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.....

Paul D. Newbest

Registered Apprentice No. 54

working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.