

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19163

FILED JUL 13 1948

Registration District No. 128

Primary Registration District No. 2000

State File No. \_\_\_\_\_

Registrar's No. 543

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Burge Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **42 hrs**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Charletha Marie Hargus**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **no**  
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 1 1948**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **42 hr. min.**

9. Birthplace **Springfield, Mo. (1)**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_  
12. Name **Charles Leroy Hargus**  
13. Birthplace **Seymour Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dessie Marie Cochran**  
15. Birthplace **Seymour Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Leroy Hargus**  
(b) Address **Seymour Missouri**  
17. (a) **Burial** (b) Date thereof **7 4 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seymour**  
18. (a) Signature of funeral director **W. L. ...**  
(b) Address **Seymour**

19. (a) **7-4-48** (b) **W. E. Handley M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**  
(c) City or town **Seymour** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**  
year **1948** hour **8** minute **15** P.M.  
21. I hereby certify that I attended the deceased from **8:00 A.M. July 2**  
**1948** to **8:00 P.M. July 2** **1948**

that I last saw her alive on **8:15 P.M. July 2** **1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**  
**Birth weight 2# 9 1/2 oz** Duration **42 hrs.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **None**  
(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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **John C. Nerweg M.D.** (M.D. or other)  
Address **Burge Hospital, Springfield, Mo** Date signed **7-2-48**

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. J. Kelley* .....

Licensed Embalmer No. *3354* .....

P. O. Address *Fordland MD* .....

**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.**