FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22707

Primary Registration District No. 5399

Registrar's No. 35

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Roy- Campbell Rural
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Roy Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: Rev. Samuel N. Hargis

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Rosa Hargis

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: May 20, 1866 (Month) (Day) (Year)

8. AGE: Years 82 | Months 2 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Gainesville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Minister

11. Industry or business .....

MOTHER FATHER

12. Name: L. D. Hargis

13. Birthplace: ---- Ky.
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Jane----------

15. Birthplace: -Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Monroe Hargis

(b) Address: Roy Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: 7-5-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Grove

18. (a) Signature of funeral director: Clinkingbeard Funeral

(b) Address: Ava, Missouri

19. (a) July 15-48
(Date received by local registrar)

(b) Vestal Buchanan
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1948 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 10th 1948 to July 12th 1948 that I last saw him alive on July 1st 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: Cerebral Hemorrhage	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 5 M
Of autopsy: 5 M

PHYSICIAN

Underline the cause of 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? ..... (e) Means of injury .....

23. Signature: [illegible] (M.D. or other)
Address: Ava, Mo Date signed: July 14, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 848-874
Date Filed AUG 11 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed H. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ora Miss

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.