

FILED AUG 9 1948

Registration District No. 774

Primary Registration District No. 3035

Registrar's No. 46

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Lexington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South 25th St
 (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 of life years, months or days

3. (a) PRINT FULL NAME Alice Haggwood
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race Colored 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 27 1869
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 - If less than one day hr. _____ min. _____

9. Birthplace Lafayette Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wesley C. All

13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Martine

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

16. (a) Informant Mrs. Cecil Anderson
 (b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1948
 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo
 18. (a) Signature of funeral director Green & Bond
 (b) Address Lexington Mo

19. (a) 7-26-48 (Date received local registrar) (b) M. M. Caldwell (Registrar's signature) 156

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Lexington
 (If outside city or town limits, write "RURAL")
 (d) Street No. South 25th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 July day 18
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 7 Feb 48
 _____, 19____, to 23 July, 19____
 that I last saw h. alive on 23 July 48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 936
 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 _____
 23. Signature Joseph Wardlaw (M. D. or other) _____
 Address Lexington Mo Date signed 24 July 48

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-6-48

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed George A. Green

Licensed Embalmer No. 4320

P. O. Address Lexington

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.