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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27011

Registration District No. 207 Primary Registration District No. 5758 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural South Miller
(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 Fifteen Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Marion Hargis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucinda Hargis
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 3 (Month) 30 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	18	hr. min.

9. Birthplace Yancey Mills (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Hargis
13. Birthplace Pulaski Co. (City, town, or county) Kentucky (State or foreign country) /
MOTHER
14. Maiden name Mary Large
15. Birthplace (City, town, or county) Iowa (State or foreign country) /
16. (a) Informant Mrs. Charles Hargis
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 8-4-48 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18
year 1948 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from May 24, 1948 to July 18, 1948
that I last saw him alive on July 17, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary thrombosis	3 min.
Due to	
Arteriosclerosis	yr
Due to	
Other conditions (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? (e) Means of injury
23. Signature E. Hughes 0 (M. D. or other)
Address Dixon - Mo Date signed 8 July 48

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1954

RECEIVED
District Health Officer No. 9

File Number
AUG 24 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.....
July - 18 - 1948, Registered Apprentice No.....,
working under my personal supervision.

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.