

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14618

State File No.

Registration District No. 224

Primary Registration District No. 3-0465796

Registrar's No.

1. PLACE OF DEATH:

- (a) County Moniteau
(b) City or town rural Walterburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY HARGROVE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased Sept. 20 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Columbus, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation retired Methodist Preacher

11. Industry or business

12. Name Thomas Brassey Hargrove

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

14. Maiden name Mary Lipscomb

15. Birthplace Columbus, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hargrove Alexander

(b) Address College Buffoe 39-1 Mexico W.F. Mexico

17. (a) burial (b) Date thereof May 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 5-1-45 (b) A. E. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Moniteau 68
(c) City or town California Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis
arteriosclerotic hypertension Chr.
Chronic myocarditis Chr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none 940

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 H. C. Lume MD Coronary
Address 1-10-45 Date signed 7-21-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-45

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo

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.