

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11392

State File No.

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kathar Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 3 yrs.
years, months or days)

3. (a) PRINT FULL NAME WILLMA HENRIETTA HARGROVE

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 27 1919
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days hr. min.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business

MOTHER FATHER { 12. Name William Henry Hargrove
13. Birthplace Columbus Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Carlisle
15. Birthplace Bainbridge Florida
(City, town, or county) (State or foreign country)

16. (a) Informant William H Hargrove
(b) Address Junice Springs, Mo.
17. (a) Burial (b) Date thereof 4-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Margie Cemetery
18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California, Mo.

19. (a) Apr 7-42 (b) Mrs James Roth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 2 minute 57 A.M.

21. I hereby certify that I attended the deceased from March 1
1942, to April 5, 1942
that I last saw her alive on April 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia and emphysema following ether anesthesia for appendicitis
Due to appendicitis

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?

While at work (Specify type of place) (e) Means of injury
23. Signature Kenyon Latham (M. D. or other)
Address California, Mo. Date signed 4-7-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.