

JAN 30 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43645
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408

(b) Township Barthage Primary Registration District No. 3020 Registered No. 247

(c) City Barthage (d) Street No. McCune-Broska Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leona Jessie Dagg

(a) Residence, No. 718 Dynamore St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1918

7. AGE YEARS 21 MONTHS 1 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Shelby (STATE OR COUNTRY) Illinois

FATHER 13. NAME A. J. Dagg

14. BIRTHPLACE (CITY OR TOWN) Martinville (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Minnie Ross

16. BIRTHPLACE (CITY OR TOWN) Shelbyville (STATE OR COUNTRY) Indiana

17. INFORMANT A. J. Dagg (ADDRESS) 718 Dynamore - Barthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 3, 1940

19. FUNERAL DIRECTOR (NAME) Knees Mortuary (ADDRESS) Barthage, Mo.

20. FILED Jan. 2, 1940 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on December 31, 1939. Death is said to have occurred on the date stated above, at 7:40 a. m. 12-31-39. The principal cause of death and related causes of importance were as follows:

Crushed chest and other internal injuries

Date of onset 7:10 P.M.

Other contributory causes of importance: Reckless car when car left highway and rolled over several times

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-30-39

Where did injury occur? Barthage, Jasper Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Automobile accident

Nature of injury Crushed chest and other internal injuries

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. W. Winchester M. D.

(Address) Jasper, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File number 140-115

Date Filed JAN 9 1940

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 Emmanuel

Licensed Embalmer No. 391

P. O. Address Carthage

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, above space should be left blank.