

No. 2
4-13-40
5-17-39
-I X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13473

State File No. _____

1454

Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

18
3
8

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 1 year

3. (a) PRINT FULL NAME HAZEL Lucille BARGAR
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive 31 1/2 years
7. Birth date of deceased Aug 24 - 1910
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Meriville MO D
(City, town, or county) (State or foreign country)

10. Usual occupation Salesgirl

11. Industry or business Childrens clothes

12. Name Thomas Maxwell Bargar

13. Birthplace Meriville MO D
(City, town, or county) (State or foreign country)

14. Maiden name Mathie Rebecca Jackson

15. Birthplace Meriville MO D
(City, town, or county) (State or foreign country)

16. (a) Informant E. White MO
(b) Address 1032 Prof

17. (a) Removal (b) Date thereof April 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: REMOVAL TO CHILLICOTHE MO.

18. (a) Signature of funeral director D. W. Newcomer
(b) Address Brush Creek St Base-K.C. Mo.

19. (a) Apr 13, 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")
(d) Street No. 4340 Buck Hill Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 12th
year 1941 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Apr 9 - 41
_____, 19____, to Apr 12 - 1941
that I last saw her alive on Apr 12 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death GASTRIC HAEMORRHAGE
from ulcer
Due to diagnosed by X-Ray
and clinical findings
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None
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) no
(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 Edwin White (M. D. or other)
Address 1032 Prof Date signed 4/12/41

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.....

P. O. Address.....

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.