

FILED APR 13 1944

Registration District No. 72

Primary Registration District No. 4133

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Margaret H. Dagley

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willard Dagley

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased May 25 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Frank Surratt

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

14. Maiden name Missella Douglas

15. Birthplace Cedar Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Dykes

(b) Address Kearney Mo.

17. (a) Burial (b) Date thereof Mar 30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Leonard Guy

(b) Address Kearney Mo

19. (a) Mar 30-44 (b) Aelen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29th
year 44 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 29 1944 to March 29 1944
that I last saw her alive on March 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Duration 3yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H&P

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 Allen W. Henderson D. or other MD

Address Jennett Mo 3/30/44 Date signed _____

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-12-44

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

Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Hearney 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.