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M-8-13
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21650
Registrar's No. 44

FILED JUL 6 1944
Registration District No. _____

Primary Registration District No. 4221

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

4
1
0

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Mound City, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Mound City. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) NO.
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Haigler.

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

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0 single

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

7. Birth date of deceased Sept. 26th, 1871.
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 16. If less than one day _____ hr. _____ min.

9. Birthplace Portescue, Missouri/ Miller.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Haigler.
13. Birthplace Franklin Co. Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Diana Ferguson.
Franklin Co. Mo. 0
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Russell Haigler
(b) Address Mound City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/44.
(Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. Crawford
Mound City, Mo
(b) Address _____

19. (a) 6-13-44 (Date received local registrar) (b) Pauline Sawron (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12th.
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 3-44 to June 12, 1944 that I last saw him alive on June 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 87c

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Perry (M.D. or other) MD
Address Mound City, Mo Date signed 6-13-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 J. H. Crawford,

Licensed Embalmer No. 1824

P. O. Address Mount Airy, N.C.

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.