

Registration District No. 131

Primary Registration District No. 4202

Registrar's No.

1. PLACE OF DEATH:

(a) County Brundage

(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 70-11-23 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Brundage

(c) City or town Spickard
(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 Alvin Emmett McHargue

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

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

6. (b) Name of husband or wife Lillie McHargue 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 26 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Morser Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John McHargue

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

14. Maiden name Elizabeth O'Name

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

16. (a) Informant Lillie McHargue

(b) Address Spickard Mo

17. (a) Rural (b) Date thereof June 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem Spickard Mo

18. (a) Signature of funeral director DePoe's Funeral Home

(b) Address Spickard Mo

19. (a) June 20, 1946 (b) Mrs. Addie Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1946 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 15 to June 19 1946; that I last saw h. i. a. alive on June 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Recurrent attacks for past 12 months

Due to _____

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

Major findings: Of operations AKO

Of autopsy ✓

Duration _____

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 0

23. Signature J. J. McClintock (M. D. or other) M.D.

Address Spickard Mo Date signed June 20 1946

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

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.