

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8196

State File No.

Registration District No. 11

Primary Registration District No. 5288

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Washington, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles north Excelsior Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community all of Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles north, Ex. Spgs.?
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOIS ANN DAGLEY

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marshall Dagley
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan 21, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 1 4 hr. min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business —

MOTHER FATHER

12. Name James Craven 9
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Craven
15. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Hunt
(b) Address R.R. I Excelsior Springs

17. (a) Burial (b) Date thereof Feb. 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery, Clay Co.

18. (a) Signature of funeral director Virgil Hoppe

(b) Address Excelsior Springs, Mo

19. (a) 2/27/48 (b) Barbeline Withing
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25th
year 1948 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 17 - 1948 to Feb. 17 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 2 wks

Due to —

Due to —

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

Major findings: Of operations — 33 B

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? 0

While at work? (Specify type of place) Means of injury —

23. Signature Joseph J. Hyatt (M. D. or other) MD

Address Excelsior Spgs, Mo Date signed 2-25-48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-48

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Spring 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.