WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-11-24-33

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 20 1937

Do not use this space.

40499

1. PLACE OF DEATH
County Jackson — Registration District No. 299
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo (No. ..., St Joseph Hosp St. ... Ward)

File No. ... Registered No. ...

2. FULL NAME Alfred Hagen
(a) Residence, No. 2408 E. 29th Stt., St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Hagen 1899

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 2, ~~1849~~

7. AGE — YEARS 37 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

FATHER
13. NAME Hans Hagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

MOTHER
15. MAIDEN NAME Merrit Hagen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

17. INFORMANT (ADDRESS) J. T. Nance Route 5 North K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Minneapolis Minn. DATE Nov 30, 1937

19. UNDERTAKER (ADDRESS) Morton Funeral Home no Kansas City Mo

20. FILED Nov. 30 1937 M. M. Cantorne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...
I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address) ...