

SEP 26 1938

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

29320
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Devis Primary Registration District No. 562A-A
(c) City Higginsville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willian Hasenjager 252
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Emme Hasenjager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-27-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 0 2

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

12. BIRTHPLACE (CITY OR TOWN) Warrencounty, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Wm. F. Hasenjager

14. BIRTHPLACE (CITY OR TOWN) Warren County Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anne Niemen

16. BIRTHPLACE (CITY OR TOWN) Warren County, Mo. (STATE OR COUNTRY)

17. INFORMANT Emma Hasenjager (ADDRESS) Higginsville, Mo. (add)

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 7-31-1938

19. FUNERAL DIRECTOR Hoefy & Meunier (ADDRESS) Higginsville, Mo.

20. FILED Sept 3 1938 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-29-1938

22. I HEREBY CERTIFY that I attended deceased from July 5 1938, to July 28 1938.
I last saw him alive on July 28 1938. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Pectoris
Chronic Hypertension
Date of onset 1936

Other contributory causes of importance: 94%

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No.

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? No
If so, specify _____
(Signed) Emmett M. Webb, M. D.
(Address) Higginsville, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/17/38

STATEMENT BY LICENSED EMBALMER

I, Alfred H. Hoefler, Licensed Embalmer No. 539

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy F. Wieggers

L. E.

No. _____ or by _____, Registered Apprentice No. 2883

working under my personal supervision.

Signed _____

Licensed Embalmer No. 539

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.)