

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

39679
 Do not use this space.

1. PLACE OF DEATH **DEC 1 1938**
 (a) County Linn Registration District No. 498
 (b) Township 1 Primary Registration District No. 4301 Registered No. 12
 (c) City Bushlin (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 Christine Cesalia Hagan
 (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 *Osteopathic* **MEDICAL CERTIFICATE OF DEATH**

3. SEX 7.m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Hagan
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 1 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo.
 FATHER 13. NAME John J. Worland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lakemoss Mo.
 MOTHER 15. MAIDEN NAME Annie E. Hunolt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo.
 17. INFORMANT (ADDRESS) John J. Hagan, Bushlin, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence Mo. DATE Nov. 12, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Linn Funeral Service, Bushlin, Mo.
 20. FILED _____ 19 _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1934, to 11/10, 1938
 I last saw her alive on 1/1/10, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m. 9.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance:
Chr. Endocarditis
" Myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) N. L. Hagan, M.D.
 (Address) Bushlin, 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.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 10

District File Number 10-38-670

Date Filed 12/13/38

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

C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH
(a) County Linn Registration District No. 498
(b) Township Bucklin Primary Registration District No. 4301 Registered No. _____
(c) City Bucklin (d) Street No. _____
(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 Christine Cecelia Hagan
(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 osteopath MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Hagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
44 1 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo.

FATHER
13. NAME John J. Norland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lepanot Mo.

MOTHER
15. MAIDEN NAME Annie Harold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo.

17. INFORMANT (ADDRESS) John J. Hagan
Bucklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarence Mo. DATE Nov 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Lazarus Funeral Service
Bucklin Mo.

20. FILED 11-11 1938 J. L. Cantwell
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1938 to 11-10-1938
I last saw him alive on 11-10-38 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
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9 L.A.
Other contributory causes of importance:
Chc ends Carditis
myo Carditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
Specify _____
(Signed) D. C. Green M. D.
(Address) Bucklin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint and illegible text, likely a memorandum or report.]