

APR 18 1939

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

9981  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Benton Registration District No. 64  
 (b) Township Fruto Primary Registration District No. 5100  
 (c) City..... (d) Street No.....  
 (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 James E. Hagen Waackhagen  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

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 Lilly Norvall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
~~70~~ 77 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) New York - New York

FATHER 13. NAME Georg Edward Hagen  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York - New York

MOTHER 15. MAIDEN NAME Charity Heil  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

17. INFORMANT (ADDRESS) P. H. Hagen 7576 Crisp, S.E., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Turkey Creek Chapel DATE Feb. 13 1939

19. FUNERAL DIRECTOR (ADDRESS) E. M. White Warsaw

20. FILED Mar 27 1939 M. C. Watson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1939

22. I HEREBY CERTIFY, that I attended deceased from July 1936 to Jan 1939 that saw him alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 9:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio insufficiency  
age

Other contributory causes of importance:

Name of operation X 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? X Date of injury X, 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 None  
 (Signed) M. G. Savage, M. D.  
 (Address) Warsaw

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

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.

9-11-37  
90M-7-20-37  
I X12004

RECEIVED

District Health Officer No. 7,

District File Number 7-39-544

Date Filed 4-3-39

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**