

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

6
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.

Registration District No. MO 12/1939

Primary Registration District No. 5292

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Beazita, Mo.

(c) Name of hospital or institution County

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 yrs (Specify whether years, months or days)

In this community 53 yrs

3. (a) PRINT FULL NAME Paul A. Hager 260

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

4. Sex male 5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paula Hager 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 17 1939 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 7 If less than one day — hr. — min.

9. Birthplace Beazita, Mo Cole Co. (City, town, or county) (State or foreign country)

10. Usual occupation farmer 0

11. Industry or business 6

12. Name Leo Hager 0

18. Birthplace Germany Germany (City, town, or county) (State or foreign country)

14. Maiden name Barbara Muller

15. Birthplace Stonon, Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Max Hager

(b) Address Jeff City, Mo R. 100

17. (a) Buried (b) Date thereof Aug 26 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Beazita, Mo

18. (a) Signature of funeral director Charles J. Hager

(b) Address Jefferson City, Mo

19. (a) — (b) Mrs. J. C. Hager (Date received local funeral) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Beazita Mo (If rural, give location)

(e) If foreign born, how long in U. S. A. ? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1939 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 24, 1939, to Aug 24, 1939; that I last saw him alive on Aug 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 10/2/39

Due to —

Due to —

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

Major findings: —

Of operations —

Of autopsy none

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? —

(Specify type of place) (e) Means of injury —

28. Signature Gas A. Hill (M. D. or other) —

Address Jefferson City, Mo Date signed Aug 27

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 _____

Victor Breache

Licensed Embalmer No. _____

3707

P. O. Address _____

J.C.M.

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.