

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 660

Primary Registration District No. 4396

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

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

In this community 63-4-2

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

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Hager

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 31 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Xavier Reshardt

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maddock

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

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

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof March 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director James Jones

(b) Address Perryville Mo.

19. (a) 3-4-40 (b) Joe J. Zellman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1940 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 15
1939 to March 3, 1940
that I last saw HER alive on March 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration Sudden

Due to Coronary Sclerosis 5 yrs
Chronic Myocarditis

Due to _____

Other conditions 922
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 595

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Oscar Carver (M. D. or other) _____

Address Perryville Mo. Date signed 3-3-40

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.

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 *Edward G. Young*.....

Licensed Embalmer No. *2138*.....

P. O. Address *Pompano Beach, Fla.*.....

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.