

FILED DEC 10 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 300

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

1. PLACE OF DEATH: Cole

(a) County: Cole

(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 505 E. State Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community: 78 years _____ (Specify whether)

years, months or days) _____

3. (a) PRINT FULL NAME: Henry Albert Hagener

3. (b) If veteran, name war: -

3. (c) Social Security No. _____

4. Sex: Male. 5. Color or race: White

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

6. (b) Name of husband or wife: Eliz. Hagener

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

7. Birth date of deceased: Feb. 25, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	22	hr. min.

9. Birthplace: Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired. 2

11. Industry or business: _____

MOTHER FATHER { 12. Name: John Herman Hagener 6

13. Birthplace: Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Prenger

15. Birthplace: Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant: Raymond Hagener

(b) Address: Willow Springs, Mo.

17. (a) Burial (b) Date thereof: Nov. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cem. J.C. Mo.

18. (a) Signature of funeral director: J. H. _____

(b) Address: Jefferson City, Mo.

19. (a) 11-16-40 (b) J. B. _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

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

(d) Street No.: 505 E. State St. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 16
year: 1940 hour: 6 minute: A M.

21. I hereby certify that I attended the deceased from _____, 1934, to _____, 11-16, 1940
that I last saw him alive on _____, 11-15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism 1 day

Due to: Chronic endocarditis

Due to: _____

Other conditions: (Include pregnancy within 3 months of death) R. H. V

Major findings: Of operations: _____

Of autopsy: _____

Duration

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? _____

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

23. Signature: J. B. _____ (M. D. or other) J. B. _____

Address: Jeff City, Mo Date signed: 11-17-40

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.....

John F. Heimbach

Licensed Embalmer No..... 3655

P. O. Address..... Jefferson City, 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, fact should be so stated above.