

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

DEC 11 1940 282
 Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery 2 Registration District No. 894
 (b) Township Adair Primary Registration District No. 4852 Registered No. 17
 (c) City Rhineland, Mo. (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. 2 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILMETA O PAULINE HAGEDORN

(a) Residence, No. Rhineland (Montgomery Co.) 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Rhineland, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Wm Henry Hagedorn

14. BIRTHPLACE (CITY OR TOWN) Rhineland, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hilda Teresa Van Boven

16. BIRTHPLACE (CITY OR TOWN) Rhineland, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Wm Henry Hagedorn
 (ADDRESS) Rhineland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's Cnty DATE 11/20 1940

19. FUNERAL DIRECTOR (NAME) J. Kottmeyer & Sa
 (ADDRESS) Rhineland, Mo.

20. FILED 11-25- 1940 Nana Lee Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th 1940
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1940 to Nov. 19 1940
 I last saw her alive on Nov. 18, 1940. Death is said to have occurred on the date stated above, at 6:40^{pm}.
 The principal cause of death and related causes of importance were as follows:

Acute bronchitis 11/16
 Date of onset
 Other contributory causes of importance: 106 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? Steth. 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? _____
 If so, specify _____
 (Signed) W. A. Peter, D. O. XXX
 (Address) Hermann, 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.