

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11450

State File No. _____

Registration District No. 919

Primary Registration District No. 4551

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County Morgan
 (b) City or town Stover
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 82 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Morgan
 (c) City or town Stover
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME KATHERIN A Rebecca Hagedorn
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 18th
 year 1941 hour 7 minute 45 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Frederick Hagedorn 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 13 1858
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 26 1941 to Mar 17 1941
 that I last saw her alive on Mar 17 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death apoplexy
 Disposition 12 hrs

8. AGE: Years 89 Months 7 Days 5 If less than one day hr. _____ min. _____
 9. Birthplace Lake Creek Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Due to _____
 Due to _____
 Other conditions Influenza
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Peter Heltzen
 13. Birthplace Lake Creek Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Heltzen
 15. Birthplace Frankfurt Germany
 (City, town or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Theodore Hagedorn
 (b) Address Stover Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Stover Cemetery
 18. (a) Signature of funeral director Rapp & Steinman
 (b) Address Stover Mo.
 19. (a) April 9 1941 (b) Frank Ripberger
 (Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following: L
 (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? 530
 (Specify type of place) While at work? _____ (e) Means of injury _____
 23. Signature Chas A. Reed (M. D. or other) _____
 Address Stover Mo. Date signed 3/19 41

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

RECEIVED
District Health Officer No. 7,
District File Number 41-41-662
Date Filed 4/11/41

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 *Jewell Stevenson*
Licensed Embalmer No. *4073*
P. O. Address *Stover, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.