

No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29465

State File No. _____

Registration District No. 292

Registration District No. 6035

Registrar's No. _____

FILED SEP 17 1941

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

1. PLACE OF DEATH: Saline

(a) County Saline

(b) City or town Rural Area, Rockwell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific R.R. Track 3/4 Mi. No. of Nelson
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Charlie Hager

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male ()

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 1866 years (Day) (Year)

7. Birth date of deceased Sept. 7, 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>7</u>	hr. min.

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

10. Usual occupation Farm Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Martha Hager

(b) Address Gen. Del. Nelson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16/41 (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock Cemetery

18. (a) Signature of funeral director L. J. M. [Signature]

(b) Address Boonville, Missouri

19. (a) Aug 20 1941 (Date received local registrar) (b) R. L. Lawler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Nelson (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th. year 1941 hour 3.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug. 14 1941 to Aug. 14 1941 held in great and that death occurred on the date and hour stated above. Never Seen Alive 19__

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no

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 Saline Co.

23. Signature R. L. Lawler (M. D. or other) _____

Address Marshall Mo. Date signed 8-20-41

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.....

C. L. Felton

Licensed Embalmer No.....

1399

P. O. Address.....

Higbee

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.