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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30514
Registrar's No. 3271

Registration District No. 399
Primary Registration District No. 1602

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 50 Years 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")
(d) Street No. 3458 East 7th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ADAM H. HAGER
3. (b) If veteran, name war No
3. (c) Social Security No. 487-05-7710
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emma Hager
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 16, 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	0	14	hr. min.

9. Birthplace Brazito (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Shipping Department
11. Industry or business Muehlebach Brewing Co.
FATHER
12. Name George Hager
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Mueller
15. Birthplace East St. Louis, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Emma Hager
(b) Address 3458 East 7th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri
19. (a) 9/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1941 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from Aug. 27, 1941, to Aug. 30, 1941; that I last saw him alive on Aug. 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Gastritis with Hemorrhage	8-27-41
Due to Atrophic Cirrhosis of Liver 12	years
Due to	
Other conditions Chronic Vascular Hypertension -- Chronic Hypertrophic Arthritis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy 124 B

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

23. Signature E. I. Schindler (M. D. or other) D.O.
Address 421 Shukert Bldg. Date signed 8/30-41

MC

361 (Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. B807

P. O. Address Ko 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.