

FILE DEC 12 1941

Registration District No. 208

Primary Registration District No. 3020

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Stone Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether in this community today)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Unknown 990

(c) City or town Hepler
(If outside city or town limits, write "RURAL") 14

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

(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Nelle Hagemann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased Aug. 6, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>14</u>hr.min.

9. Birthplace Burbon Co., Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Silas Osburn

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

14. Maiden name Alta Freeman

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

16. (a) Informant William Hagemann

(b) Address Hepler Kansas

17. (a) Removal (b) Date thereof Nov. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hepler Kansas

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Nov. 20, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1941 hour 12 minute 58 P.M.

21. I hereby certify that I attended the deceased from Nov. 14
1941 to Nov. 20 1941
that I last saw her alive on Nov. 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration

Due to uterine fibroids

Due to Cholecystitis

Other conditions 56 lb
(Include pregnancy within 3 months of death)

Major findings: Multiple fibroids PHYSICIAN

Of operations

Of autopsy

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) (c) Means of injury

23. Signature Dr. E. L. Louisa (M. D. or other) 20
Address Stone Memorial Hosp. Carthage, Mo. Date signed 11/20/41

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

41-12-1009

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 D. Batchelder

Licensed Embalmer No. *4453*

P. O. Address *Carthage 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.