S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41954

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 986

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 2 Hours (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 2236 N. Oakland (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dewey Otes Hagler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1925 (Year)

8. AGE: Years 15 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Springfield, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name W. I. Hagler
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Maude Hill
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant W. I. Hagler

(b) Address 2236 N. Oakland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bassville (Cem)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 12-20-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1941 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from viewed the body at St. John's Hospital 5 A.M. 12-19-1941 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck and internal injuries also Frontal skull fracture.

Due to

Due to auto accident

Other conditions None Collision (Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy — 17 OC 8 28

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) Accident

(b) Date of occurrence 12-19-41 39

(c) Where did injury occur? 17 mi west on Hiway 66 (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway (Specify type of place)

While at work? (e) Means of injury Accident

23. Signature G. Bachm, Acting Coroner (M. D. or other)

Address 227 E. Olive St. Springfield, Mo. Date signed 12/20/41

(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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, M

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.

X