

S. No. 2  
M-1-4-41  
y. 5-17-39  
P-I X26390

2531

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 13 1942

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Marion Township.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route #4, Carthage /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route #4, Carthage  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charlie Price Hagler

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30  
year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife L. Maud Patton Hagler

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 7th, 1875  
(Month) (Day) (Year)

Immediate cause of death Chronic occlusion  
general arterio  
sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

66 9 14 hr. min.

Major findings: Of operations 94a

Of autopsy \_\_\_\_\_

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

10. Usual occupation Farming

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? \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lorenzo D. Hagler

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

14. Maiden name Ellen Ann Hunter

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

23. Signature R. H. Webster (M. D. or other) Coroner

Address Carthage, Mo. Date signed Jan 21, 42

16. (a) Informant Mrs. Charlie Hagler

(b) Address Route #4, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Ave. Carthage, Mo.

19. (a) Jan 22, 1942 (b) E. J. Mc Intire, M.D.  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

1167 (Licensed Embalmer's Statement on Reverse Side)

42-1-88

**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 S. Penney*  
Licensed Embalmer No. *4194 J*  
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.**