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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1942

State File No. 22105

Registration District No. 746 747 Primary Registration District No. 6980 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural ; Black River
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90

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

(d) Street No. eight miles South West of Belleview Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Leona Levada Hagmes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 1

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April 25 (Month) 1876 (Day) (Year)

8. AGE: Years 74 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Henry Haven
13. Birthplace Ironton Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jacox
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Reeves
(b) Address Belleview Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4 -13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Belleview Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. D. White Ironton Mo.

19. (a) April 9 1942 Mrs Ong Willington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably

Due to Cerebrial Hemorrage

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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 J. R. Pyrtle Carroner (M. D. or other)
Address Centerville Mo Date signed April 13-42

1174

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1942

RECEIVED
District Health Officer No. 5,
District File Number 142400
Date Filed 3-1-42

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 [signature]

Licensed Embalmer No. 3012

P. O. Address [illegible]

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, above space should be left blank.