

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 15 1942

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 104

55  
4  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Pierce City 9  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 326 Myrtle St.  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Amanda Regina Hagebusch

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry August Hagebusch 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 4 1869  
(Month) (Day) (Year)

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

73	2	1	hr. min.
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9. Birthplace Newton County 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name James Harmon

{ 13. Birthplace Georgia  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Jane Dixon

{ 15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A. Hagebusch

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 8-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Valley Cemetery

18. (a) Signature of funeral director Meyer's

(b) Address Pierce City Mo.

19. (a) 8-17-42 (b) Emma Hagebusch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5  
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 - 1939  
to Aug 5, 1942  
that I last saw h. ed alive on Aug 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Plunge - 6 months

Due to .....  
Due to .....  
138

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy .....

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? .....

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

23. Signature D. P. Byng (M. D. or other) Do.  
Address Pierce City Mo Date signed 8/14/42

RECEIVED

District Health Officer No. 6,

District File Number 942-1392

Date Filed SEP 11 1942

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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.....

*me*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed

*Victor D. Kemmerer*  
.....  
Licensed Embalmer No. 38212

P. O. Address Levee City, 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.