

FILED SEP 12 1942

Registration District No. 234

Primary Registration District No. 4349

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

Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Morgan  
(b) City or town: Stover, Mo.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan  
(c) City or town: Stover  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: JOHN DANIEL HAGENAH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
year 1942 hour 1 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Aug. 4 1942, to Aug 14 1942  
that I last saw him alive on Aug 14 1942  
and that death occurred on the date and hour stated above.

4. Sex: Male Color or race: white  
5. (a) Single, widowed, married, divorced, or remarried: married  
(b) Name of husband or wife: Bertha Hagenah  
6. (c) Age of husband or wife if alive: 80 years  
7. Birth date of deceased: April 12 1859  
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis  
Due to: Arteriosclerosis  
Due to: Senility

8. AGE: Years 83 Months 4 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace: Cole Camp, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

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

12. Name: Daniel Hagenah  
13. Birthplace: Schramm, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Anna Steppan  
15. Birthplace: Germantown, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. R. G. Viebrock  
(b) Address: Stover, Mo.

17. (a) Burial: \_\_\_\_\_  
(Burial, cremation, or removal) (Date there: Aug. 21 1942)  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Stover Cemetery

18. (a) Signature of funeral director: Hopp & Stevinson  
(b) Address: Stover, Mo.

19. (a) Aug 22 1942 (b) Henry Kipp  
(Date received local registrar) (Registrar's signature)

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: J. J. Carshalt  
Address: Stover, Mo. Date signed: Aug 24 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1030

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 9-42-1008

Date Filed 9-11-42

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jewell Stevenson  
Licensed Embalmer No. 4073  
P. O. Address Stover, 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.