

S. No. 2
M-5-42
7. 5-17-39
WI X32873

29827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan,

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

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

(d) Length of stay: In hospital or institution 7 days,
In this community 72 yrs. 1 mo. 11 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. 508 South 20th Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME Helen Hagedorn,

3. (b) If veteran, name war None,

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th,
year 1942 hour 5:00 minute 05 a. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased August 14th, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug
1, 1942 to Sept 25, 1942
that I last saw her alive on Aug 24, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of Breast

Due to Carcinoma of Breast

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

9. Birthplace Saint Joseph, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Hagedorn,

13. Birthplace Unknown, Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Langthimm

15. Birthplace Unknown, Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Gilpin

(b) Address 308 South 20th Street,

17. (a) burial (b) Date thereof 9/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? ✓

(c) Place: burial or cremation Mount Mora Cemetery,
319 South 10th Street, St. Joseph, Mo.

18. (a) Signature of funeral director Walter B. Bauman, Funeral Home

(b) Address 319 South 10th Street, St. Joseph, Mo.

19. (a) 9-28-42 (b) R. E. Hagedorn
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)

(e) Means of injury _____

23. Signature Gustav K. Kan (M. D. or other) M.D.

Address Kickapoo Bl. St. Joseph, Mo. Date signed 9-25-42

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

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 Sept 25 1944

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. St. Joseph

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.