

FILED 60-10-1942

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
803 West McCarty Street  
(If not in hospital or institution, write street number or location)

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

In this community 85 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. R. E. D. #3  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hager

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex maled 5. Color or race white

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

6. (b) Name of husband or wife Margaret Hager

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

7. Birth date of deceased December 24 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>9</u>	<u>3</u>	hr. _____ min. <u>7</u>

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER

12. Name Conrad Hager

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

14. Maiden name NOT KNOWN

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Hager

(b) Address Jefferson City, Missouri

17. (a) Burial Burial (b) Date thereof Sept 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 9-29-42 (b) Thomas J. Jordan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27<sup>th</sup>  
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 25  
1942 to Sept 27 1942

that I last saw him alive on Sept 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia with Terminal Broncho Pneumonia.

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

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

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 James A. Hill (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 9-29-42

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

26  
5  
4

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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

*Louis Sweet*

Licensed Embalmer No.....

*4096*

P. O. Address.....

*Jefferson City*

**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.**