

FILED NOV 16 1942

3003

Registrar's No. 69

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community about forty years (years, months or days)

3. (a) PRINT FULL NAME John Addison Hagler

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dolly Floy Hagler 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August 10 1852 (Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Barry County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Police officer

11. Industry or business none

12. Name of father Abraham Lenore Hagler

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

14. Maiden name Eliza Easter Ann Lee (State or foreign country)

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

16. (a) Informant Mr. Ray Fagan

(b) Address 407 Central - Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation 200 F Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) 10-11-1942 (Date received local registrar) (b) Mr. Geo. Harman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Monett (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1942 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 2 1942 that I last saw him alive on Oct. 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Branchiopneumonia Duration 4 days
Fractured lung and 9 weeks
Due to Myocardial infarction

Due to _____
Other conditions (include pregnancy within 3 months of death) Ala 10/10

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident OAS

(b) Date of occurrence Sept 2 42

(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? Farm

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature Franklin W B (M. D. or other)
Address Monett Mo Date signed 10/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-205

1075

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1142-1627

Date Filed NOV 13 1942

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.....

J. D. Buchanan....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. D. Buchanan*.....

Licensed Embalmer No. 3149.....

P. O. Address *Monette 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.