

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4780

1. PLACE OF DEATH:

(a) County Jackson,
 (b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
225 West 66th Terrace /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community 11 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL.")
 (d) Street No. 225 West 66th Terrace,
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Guy A. Hagar,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Florence N. Hagar, 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased March 5 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>13</u>	<u>hr. min.</u>

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

10. Usual occupation Retired

11. Industry or business Steel Salesman

MOTHER FATHER { 12. Name Stephen DeWitt Hagar
 13. Birthplace New York, /
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Crawford
 15. Birthplace Ohio, /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence N. Hagar,
 (b) Address 225 W. 66th Terrace, K. C., Mo.

17. (a) Cremation (b) Date thereof 12-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-21-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
 year 1942 hour P. minute M.

21. I hereby certify that I attended the deceased from Cosman 19...
 that I last saw him alive on 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial sepsis heart & lungs
 Duration

Due to 93 D
 Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy Impaction & laceration
 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 Off duty (Specify type of place)
 23. Signature R. C. M. (M. D. or other)
 Address _____ Date signed 12/19/42

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.