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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40754

Registration District No. ____ Primary Registration District No. 2000 Registrar's No. 880

1. PLACE OF DEATH: GREENE

(a) County ____

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

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether

In this community 2 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mt. Grove (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) /

If yes, name country ____

3. (a) PRINT FULL NAME Katherine Hagaman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James A. Hagaman

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

7. Birth date of deceased Aug. (Month) 18 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Patrick Connelly
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Loney
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James A. hagaman

(b) Address Mt. Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-10-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1942 hour 2 minute 50 a. M.

21. I hereby certify that I attended the deceased from Oct 1st, 1942, to Dec 9, 1942 that I last saw her alive on Dec 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Surgical shock	1 day
Due to Amputation of Leg for Diabetic Gangrene	
Due to Diabetes	10 yr.
Other conditions Fracture Rt. Hip (Include pregnancy within 3 months of death)	2 mo

Major findings: Of operations Amputation right leg 18 Oct

Of autopsy 18

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) Accident ~~Fracture Rt. Hip~~

(b) Date of occurrence about Oct 1st 42 114

(c) Where did injury occur? Mt. Grove (City or town) Wright (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? yes (e) Means of injury Fall

23. Signature [illegible] (M.D. or other)

Address Springfield Mo Date signed 12-9-42

984

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1943

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.