V. S. No. 2
50M-5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9097
Registrar's No. 1510

Registration District No. 149 Primary Registration District No. 1002

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: 2124 East Street, /
(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 7 months
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. 2124 East Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME John George Hagland
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 Widowed
6. (b) Name of husband or wife Alice Hagland
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March (Month) 24 (Day) 1878 (Year)

8. AGE: Years 65 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Pennsylvania (City, town, or county) / (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER
12. Name John A. Hagland
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)
MOTHER
14. Maiden name Fredericka Hagland
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)
16. (a) Informant A. W. Larson,
(b) Address 6814 Montgall, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-29-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1943 hour 1:10 minute P. M.
21. I hereby certify that I attended the deceased from Coma, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the head (Suicide)
Due to Trauma by shot gun
Due to
Other conditions 16 yrs
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy See above

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) Suicide
(b) Date of occurrence 3/27/43
(c) Where did injury occur? 2124 East St (City or town) Kansas (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) Shot self
While at work? No (e) Means of injury on head
23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 3/28/43

(Licensed Embalmer's Statement on Reverse Side)

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.