U. S. No. 2
M—9-44
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FILED APR 9 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10663

State File No.

Registration District No. 170 Primary Registration District No. 5630 Registrar's No.

53
0
0

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
R. 5. Lebanon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nether (Specify whether
In this community 2 Wks.
years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo. (b) County Laclede
(c) City or town Rural R. 5 Lebanon
(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

3. (a) PRINT FULL NAME Charles A. Dager

3. (b) If veteran, name war

3. (c) Social Security No. 368-16-3712

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 26 (Day) 1861 (Year)

8. AGE: Years 81 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bert Hendrix
(b) Address Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.

19. (a) 4-4-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21st year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 10, 1943, to March 13th 1943 that I last saw h. alive on March 13th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death C.a. Prostate — Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R E Harrell (M. D. or other) MD
Address Lebanon Mo Date signed 3-23-43

1090

(Licensed Embalmer's Statement on Reverse Side)

Received APR 6 1943

Laclede County Health Unit

File No. 3-43-50

Date Filed APR 7 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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.