

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31207**

FILED OCT 13 1944

Registrar's No. **220**

Registration District No. **169**

Primary Registration District No. **425-8**

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

1. PLACE OF DEATH:

(a) County **Knox**

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**

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

In this community **28 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County **Knox** **52**

(c) City or town **Edina** **1**
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Albert Hagerla**

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

4. Sex **M** 5. Color or race **W**

6. (a) Name of husband or wife **Bertha E. Miller** 6. (a) Single, widowed, married, divorced **married**

7. Birth date of deceased **Oct - 2 - 1872** 6. (c) Age of husband or wife if alive **61** years

8. AGE: Years **71** Months **11** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Burlington** **Iowa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **John Hagerla**

13. Birthplace **uk** **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosanna Fladt**

15. Birthplace **uk** **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth E. Hagerla**

(b) Address **Edina, Mo.**

17. (a) **Burial** (b) Date thereof **Sept-17-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linville, Edina, Mo.**

18. (a) Signature of funeral director **Raid Hudson**

(b) Address **Edina Missouri**

19. (a) **Sept 19 1944** (b) **Nelle Northcutt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**
year **1944** hour **9** minute **20** P.M.

21. I hereby certify that I attended the deceased from **April 14**, 19**43**, to **Sept 14**, 19**44**.
that I last saw him alive on **Sept 14**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial Degeneration** **1 1/2 yrs**
Duration

Due to **myocardial Regurgitation** **5 years**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

938

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 _____

Signature **J. J. Breckenfield** (M.D. or other) **P.O.**
Edina, Mo. Date signed **9/17/44**

RECEIVED

District Health Officer No. 10

District File Number 10-44-1248

Date Filed OCT 11 1944

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.