S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37025

Registration District No. 6 — Primary Registration District No. 3001 — Registrar's No. 25

1. PLACE OF DEATH

(a) County Audrain

(b) City or town Vandalia - 901 S. Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 901 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 5½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Vandalia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 901 S. Jefferson 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY HOAGLAND

3. (b) If veteran, name war

3. (c) ~~Social Security~~ OAA No. 4-85-680

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife Mary Elizabeth Hoagland

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov (Month) 4 (Day) 1853 (Year)

8. AGE: Years 90 Months 11 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Richard Montgomery Hoagland
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Parsell
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. M. C. Heaton
(b) Address Vandalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 4 (Day) 1944 (Year)
(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo

19. (a) Nov 4 1944 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1944 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from March, 1943, to Nov 2, 1944, that I last saw him alive on Nov 2 - 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to myocarditis chronic

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature W. W. Bland M.D. (M. D. or other)

Address Vandalia Mo Date signed 11/3/44

1073 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1915
Date Filed NOV 14 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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia 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.