

FILED JAN 12 1945
13

Registration District No. _____

Primary Registration District No. 5290-4133

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Kearney mo
(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 years, months or days)

3. (a) PRINT FULL NAME HENRY ALLEN HAGAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MATHELINE 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JUNE 29 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Lawrenceburg Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Charles Hagan

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Pella Mc Masters

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Hagan

(b) Address Kearney mo

17. (a) Burial (b) Date thereof Dec 26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney mo

19. (a) Dec 29, 44 (b) St Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Kearney Rural
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1944 to Dec 1944 that I first saw him alive on Dec 22 and that death occurred on the date and hour stated above.

Immediate cause of death Garcinoma of Stomach Generalized Metastasis

Due to _____

Due to _____

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

Major findings: Of operations 46 lb

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? _____

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

23. Signature Peter E Bucher (M. D. or other)

Address Lanson Date signed Dec 25, 1944

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

400

NOV 7 1945

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-9-45

NOV 12 1945

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Hearney 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.