S. No. 2
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X32073

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

Dr. Harris

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41153

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 967

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 1443 W. Lombard (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Minnie B. Hager
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leo Hager
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Feb. (Month) 16, (Day) 1904 (Year)
8. AGE: Years 40 Months 10 Days 30 If less than one day hr. min.
9. Birthplace: UNK. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Francis Bearden
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Laura Hultz
15. Birthplace: UNK. (City, town, county) Arkansas (State or foreign country)
16. (a) Informant: Leo Hager
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 1-2-45 (Date received local registrar) (b) for W E Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1944 hour 12 minute 35 P. M.
21. I hereby certify that I attended the deceased from December 26, 1944, to December 30, 1944; that I last saw her alive on December 30, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Cervical carcinoma with metastases to pelvic and abdominal viscera	2 yr.
Due to:	
Other conditions: Secondary anemia (Include pregnancy within 3 months of death)	2 yr.

Major findings:
Of operations:
Of autopsy: H&A

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: Thomas S. Harris (M. D. or other) MD
Address: Medical Art Bldg. Date signed: 1/2/45

(Licensed Embalmer's Statement on Reverse Side) Springfield, Mo.

APR 19 1950

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.