. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24621

FILED AUG 13 1945

State File No.

Registration District No. 273 Primary Registration District No. 5916 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Cinque Homme
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 72-11-28
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary C. Hager

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Dan. Hager

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

7. Birth date of deceased July (Month) 26 (Day) 1872 (Year)

8. AGE: Years 72 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Andrew Balsman
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Glaub
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Joe. Hotop

(b) Address Perryville Mo. RFD.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 7-26-45 (Date received local registrar) (b) Thos [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on 7/23 , 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Post Paralysis	
Due to Arterio Sclerosis	
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

23. Signature C M Wiedman (M. D. or other) D.O.

Address Perryville Mo Date signed 7/26/45

1326

(Licensed Embalmer's Statement on Reverse Side)

845-1010
8-16-45

AUG 21 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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.