

FILED JAN 21 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1818 Lafayette St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
(d) Street No. 1818 Lafayette St. 7
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1946 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from 5/1/45
_____ 19 _____ to _____ 19 _____
that I last saw him alive on 12/28/45 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Cerebral hemorrhage 6 mo.
chronic hypertension 6 mo.
Due to _____

Duration

5 min

6 mo.

6 mo.

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other)
Address [Address] Date signed 1/46

3. (a) PRINT FULL NAME Edward George Hager

3. (b) If veteran, name war None 3. (c) Social Security No. 491-10-4699

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

6. (b) Name of husband or wife Katherine F. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 13 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Jas. F. Welch Plbg. Co

12. Name August Hager

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

14. Maiden name Mary Reider

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

16. (a) Informant Mrs. Katherine F. Hager

(b) Address 1818 Lafayette St.

17. (a) Burial (b) Date thereof Jan. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Jan. 10, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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JAN 25 1946

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.