

**FILED** JAN 25 1946

Registration District No. 43

Primary Registration District No. 5139

Registrar's No. 16

1. PLACE OF DEATH:

(a) County - Butler  
 (b) City or town rural Coon Island Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7 miles SE of Neelyville  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12  
 (c) City or town rural 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7 miles SE of Neelyville 0  
(If rural, give location)  
 (e) Citizen of foreign country? Coon Island July 0  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gerald Ray Hager

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 3, 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>1</u>	<u>10</u>	hr. _____ min. <u>0</u>

9. Birthplace Butler Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gerald Hager  
 13. Birthplace Butler Co Mo. 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Thelma Foust  
 15. Birthplace Butler Co. Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. McBroom  
 (b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof Jan. 16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cochran Ceme.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 1-15-46 (b) RH Minister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
 year 1946 hour 1 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Burns when home was destroyed by fire. Duration

Due to Fire caused by Heater.

Due to \_\_\_\_\_

Other conditions 18-15  
(Include pregnancy within 3 months of death)

Major findings: 18-15  
 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) accident 12

(b) Date of occurrence Jan. 13, 1946

(c) Where did injury occur? Butler, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury burns

23. Signature Charles Green (M.D.)  
Poplar Bluff Mo. Date signed 1-14-46

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

252

RECEIVED

District Health Office No. 2

District File Number 46-127

Date Filed 1/22/4

473

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

*Bryan MacLeod*

Licensed Embalmer No. 4979

P. O. Address Waverly, 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.**