

S. No. 2  
1-8-43  
5-17-39  
K 37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5013

State File No. \_\_\_\_\_

FILED FEB 19 1946

Registration District No. 777

Primary Registration District No. 3016

Registrar's No. 31

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

1. PLACE OF DEATH:  
(a) County COLE  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution 9 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Osage  
(c) City or town Wiggle  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME John J. Hagenhoff  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 6  
year 1946 hour 1 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Feb 1  
1946, to Feb 6 1946  
that I last saw him alive on Feb 6 1946  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Elizabeth Hagenhoff  
(c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Jan 12, 1875

Immediate cause of death Neurmania (lobular) Bilateral

8. AGE: Years 71 Months - Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to arterio-sclerotic heart disease  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Wiggle MO  
10. Usual occupation Farmer

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy at

11. Industry or business \_\_\_\_\_  
12. Name John Hagenhoff  
13. Birthplace Germany  
14. Maiden name Elizabeth Sargolter  
15. Birthplace Germany

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Aloys Hagenhoff  
(b) Address Wiggle, MO  
(c) Place: burial or cremation Burial  
(d) Date thereof 2/9/46  
(e) Signature of funeral director Charles W. Jordan  
(f) Address Box 144  
(g) Date received local registrar 2-6-46  
(h) Registrar's signature R. B. Darrow MD

23. Signature A. Osman MD  
Address Jefferson City, Mo. Date signed 1-6-46

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21-46

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FEB 20 1946

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 2-18-46

FEB 20 1946

FEB 21 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 Vernon M. Morton  
Licensed Embalmer No. 4125  
P. O. Address Linn

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.