No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6203

FILED MAR 1 1946

Registration District No. 63 — Primary Registration District No. 3631 — Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1019 E. Main St., De Soto, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 52 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town De Soto 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1019 E. Main St. 2 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 7

If yes, name country ✓

3. (a) PRINT FULL NAME Lilburn Clarence Hague

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 702-14-7151

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sadie Bergner

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct. (Month) 12 (Day), 1893 (Year)

8. AGE: Years 52 | Months 4 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace De Soto (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Mo. Pac. R.R. Shops

FATHER
12. Name Fred Hague
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Torrence
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sadie Hague

(b) Address 1019 East Main, De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., De Soto, Mo

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto — Mo.

19. (a) 2/25/46 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1946 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 5, 1946 to Feb 23, 1946 that I last saw him alive on Feb 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma colon	2 mo
Due to Rheumathoid arthritis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46
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 2

23. Signature J. P. Ingels (M. D. or other) DO

Address De Soto Mo Date signed 2/24/46

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(Licensed Embalmer's Statement on Reverse Side)

8-D
-46

MAR 8 1946

MAR 19 1946

MAR 4 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.....

Licensed Embalmer No.....3531.....

P. O. Address.....

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.