

STANDARD CERTIFICATE OF DEATH

State File No. **8439**

Registration District No. **15**

Primary Registration District No. **3004**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1701 Poplar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **17 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Lamar**
(If outside city or town limits, write "RURAL")
(d) Street No. **1701 Poplar**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert M. Hagan**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **Mrs. Elizabeth Hagan** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **October 10 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **3** If less than one day hr. min.

9. Birthplace **Gilford, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Eliga Hagan**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Emilane Graves**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Hagan**

(b) Address **1701 Poplar Lamar, Missouri**

17. (a) **Burial** (b) Date thereof **Feb. 12 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Howell Cemetery**

18. (a) Signature of funeral director **Gibson Funeral Home**

(b) Address **Lamar, Missouri**

19. (a) **FEB 16 1946** (b) **Miss. Kanantz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **13**
year **1946** hour **10:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **febr. 10** to **febr. 13** 19. **46**
that I last saw h. **alive** on **febr. 13** 19. **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
3 Days

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **D. Guinan** (M. D. or other) _____
Address **Lamar** Date signed **Feb. 18 46**

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

6

2321

14

RECEIVED

District Health Officer No. 67

District File Number 345-238

Date Filed MAR 20 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. 4137

P. O. Address Lamar, Missouri

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.