

FILED MAR 28 1947

Registration District No. **1947**

Primary Registration District No. **5143**

Registrar's No. **115**

1. PLACE OF DEATH:
(a) County **BUTLER**
(b) City or town **RURAL R#2 POPLAR**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Poplar Bluff Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 mo.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY A. HAGER**
(b) If veteran, name war **X**
(c) Social Security No. **5**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
(b) Name of husband or wife **DAVID D. HAGER**
(c) Age of husband or wife if alive **DECEASED** years
7. Birth date of deceased **SEPT 18 1964**
(Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **28**
If less than one day hr. min.

9. Birthplace **MO. D.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **X**

MOTHER FATHER

12. Name **JACOB ANGLE**
13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS SAMUEL FUDGE**
(b) Address **R.T.#2 POPLAR BLUFF MO**

17. (a) **BURIAL** (b) Date thereof **3-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillis CEMETERY**

18. (a) Signature of funeral director **RJ-Selig Jr.**
(b) Address **Blacks Hardware Company, Hk.**

19. (a) **3/18/47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **BUTLER**
(c) City or town **POPLAR BLUFF**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.T.#2**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **16**
year **1947** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 19 47** to **Mar. 13 19 47**
that I last saw him alive on **Mar. 13 19 47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Due to **Pneumonia**

Due to
Other conditions (Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 **2**

23. Signature **F. F. Priest** (M.D. or other) **D.O.**
Address **Poplar Bluff, Mo** Date signed **3-17-47**

RECEIVED

San Francisco Health Office No. 2,

District No. 1000 347-44

Date filed 3-25-4

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 P. J. Selig Jr.
Licensed Embalmer No. 562
R. O. Address Cornwall, Hk.

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.

Registration District No. 43 Primary Registration District No. 5143

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary A. Hager
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 18 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month April 1947
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Chronic Myocarditis
Lower Pneumonia
Due to _____
Other conditions _____ (Include pregnancy within 8 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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 F. F. Priest D.D. (M.D. or other) _____
Address Poplar Bluff, Mo. Date signed 4-8-47

SUPPLEMENTARY

PLEASE PRINT FULLY IN INK—USE NON-FADING BLACK INK—MAKE A PERMANENT RECORD

16

S-8102