S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16768

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 159

1. PLACE OF DEATH:
(a) County Cape girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks Hospital (Specify whether
In this community 3 Weeks
years, months or days)

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

3. (a) PRINT FULL NAME Bernard L. Hagan
3. (b) If veteran, name war —
3. (c) Social Security No. 491-26-4205
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Hagan
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased February (Month) 17 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	12	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Vince Hagan
13. Birthplace Perry Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Theresa Maddock
15. Birthplace Perry Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Theresa Hagan
(b) Address Minnith Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Yaugh & Sons
(b) Address Perryville Mo
19. (a) 5-14-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 15, 1947, to May 9, 1947, that I last saw him alive on May 9, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Auricular Fibrillation and Circulatory Failure	?
Due to	
Other conditions Hypertension Uremia (Include pregnancy within 3 months of death)	?
Major findings: Scabies Prostatic obstruction	
Of operations	
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
23. Signature Charles F. Wilson (M. D. or other) MD
Address 727 Broadway Date signed 5-12-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 542-205

Date Filed 5-19-42

JUL 28 1967

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.