

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)
 In this community 30 years

3. (a) PRINT FULL NAME Daniel F. Hagerty
 3. (b) If veteran, name war. W.W. # 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 22nd 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Watch Repairman

11. Industry or business _____

MOTHER FATHER 12. Name John Hagerty

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ellen C. Looney

15. Birthplace Jackson Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Pankey

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 10-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Heman

(b) Address Cape Girardeau, Missouri

19. (a) 10-12-1947 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
 (d) Street No. 121 South Sprigg Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 8th
 year 1947 hour 1 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Oct. 8 1947 to Oct 8 1947
 that I last saw him alive on Oct 8 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 8 hrs.
Chronic Myocarditis 3 yrs.

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

Major findings:
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signed J. J. Oehler (M. D. or other) _____
 Address Cape Girardeau, Mo Date signed 10/10/47

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

6
4

16
1
4
0

DEC 12 1947

RECEIVED

Health Officer No. 4
File Number 1047-1329
Date Filed 10-20-47

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..... *Edward L. Haman*

Licensed Embalmer No. 4132

P. O. Address Capt. Residence

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.