S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

Registration District No. 134

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5491

State File No. 34263

Registrar's No.

1. PLACE OF DEATH:
(a) County: Harrison
(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)
In this community: 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 12 Miles N. W. of Cainsville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harold Hagen
3. (b) If veteran, name war: No,
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Hagen
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: January (Month) 8 (Day) 1897 (Year)
8. AGE: Years 50 Months 9 Days 15 If less than one day hr. min.
9. Birthplace: Decatur County Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Joseph Francis Hagen
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Ann Parkhurst
15. Birthplace: Unknow n
(City, town, or county) (State or foreign country)
16. (a) Informant: Mary Hagen
(b) Address: RFD # 1 Blythedale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: IOOF Cemetery Davis City, Iowa.
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Missouri.
19. (a) Oct. 26/47 (Date received local registrar) (b) S. Pha Shaw. (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 23 year: 1947 hour: about 8 minute: A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94A	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Joe E. Wheeler Coroner (M.D. or other)
Address: Bethany Mo Date signed: Oct 23 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 11 1957

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 Eddie J. Stoklasa, Registered Apprentice No. _____, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.