

S. No. 24
DM-5-43
5-17-39
I X36671

FILED JAN 19 1948

Registration District No. 250 Primary Registration District No. 5848 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Wadsworth
 (b) City or town Barnard and rural
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME KATHARINE HAGAN

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

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ed Hagan 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 1 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 10 5 hr. min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Martha Hagan

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

14. Maiden name Margaret Gandy

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

16. (a) Informant E. M. Hagan
 (b) Address Barnard Missouri

17. (a) Burial (b) Date thereof 1-8-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columba Cemetery

18. (a) Signature of funeral director Field & Phillips
 (b) Address Carleton, Mo.

19. (a) 1-6-48 (b) Mrs E. G. Venshaw
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wadsworth

(c) City or town Barnard "rural"
 (If outside city or town limits, write "RURAL")

(d) Street No. 5 n. n. e. Grant
 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
 year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1947
 _____, 19____, to January 5, 1948;

that I last saw her alive on January 3, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
arteriosclerosis

Due to Arteriosclerotic heart disease

Due to _____

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

Major findings: not made
 Of operations _____

not had
 Of autopsy _____

Duration 3 months plus
30 yrs

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 Char. D. Humberd (M. D. or other) _____
 Address Barnard, Mo. Date signed 1/6/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Leroy A. Phillips

Licensed Embalmer No. *1898*

P. O. Address..... *Starkley 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.