. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 18 1948
Registration District No. 3716

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5958
Primary Registration District No. 4461
Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Bismarck
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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: 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Bismarck
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Matie Hagerty
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: widowed
6. (b) Name of husband or wife: John Hagerty
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 16 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	15	..... hr. ..... min.

9. Birthplace: Salem (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: at home

FATHER
12. Name: Sherman Malcom
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: John Hagerty
(b) Address: St. Louis, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 5, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bismarck, Missouri
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: R. White Ironton, Mo.
19. (a) 2-13-48 (Date received local registrar) (b) Esther Rudolf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st year 1948 hour 2 30 minute A M.
21. I hereby certify that I attended the deceased from Jan. 1, 1946, to Feb. 1, 1948 that I last saw her alive on Jan. 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coma (Diabetic)	
Due to:	
Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
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: Jas. W. Hoffman (M. D. or other) MD
Address: Bismarck Mo Date signed 2-10-48

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

RECEIVED
District Health Officer No. 4
District File Number 248-22
Date Filed 2-13-48

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.