S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16349

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 219049

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. Tuberculosis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether

In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3124 Forest 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ALBERT HAGEN

3. (b) If veteran, name war No

3. (c) Social Security No. 111-08-2926

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Viola Hagen

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased April (Month) 10 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	15	hr. min.

9. Birthplace Steelton (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Hagen
13. Birthplace Reading (City, town, or county) Pennsylvania (State or foreign country)

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

16. (a) Informant K.C.T.B. Hospital

(b) Address Leeds Station KC Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 5-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 1 45 minute A M.

21. I hereby certify that I attended the deceased from May 6, 1948, to May 25, 1948; that I last saw him alive on May 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	4 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 K
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) 0

While at work? (e) Means of injury

23. Signature William David May M. D. or other M.D.

Address K.C. 3, Mo. Date signed 5-25-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.