

No. 2
13-40
17-39
X23159

FILED JUN 26 1948

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 1118 North Street **6**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no **0** years.

3. (a) PRINT FULL NAME Ivan Cameron Hagen

3. (b) If veteran, name war none 3. (c) Social Security No. 524-18-4467

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Letha Viola Hagen 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased April 8, 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	2	16	hr. min.

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

10. Usual occupation Electrician

11. Industry or business Townes Electric Shop

12. Name Herbert Hagen

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

14. Maiden name Elsie Martin

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

16. (a) Informant Mrs. Letha Viola Hazen
(b) Address 1118 North St., Springfield, Mo.

17. (a) Burial (b) Date thereof June 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri

19. (a) 6-26-48 (b) W. I. Hurdley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1948 hour 8:30 A.M. minute M.

21. I hereby certify that I attended the deceased from May 20
1948 to June 24, 1948
that I last saw him alive on June 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis **3 yrs.**

Due to Malignant Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 151B

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. I. Hurdley MD (M. D. or other)
Address Springfield Mo Date signed 6-24-48

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.....

Ralph H. Thorne

Licensed Embalmer No..... 3681

P. O. Address..... Springfield, 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.