

FILED AUG 31 1949

State File No. 27776

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

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>East 3d St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home East 3d St</u>		d. STREET ADDRESS (If rural, give location) <u>East 3d St</u>	
3. NAME OF DECEASED a. (First) <u>Maggie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hagen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>aug 24 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 6, 1890</u>
9. AGE (In years last birthday) <u>69</u>	10. MONTH <u>6</u>	11. YEAR <u>18</u>	12. ORDER IN BIRTH (If twins, give hrs. & mins.) <u>4</u>
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>Housewifery</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Nicholas Stroble</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kuntz</u>	
14. NAME OF HUSBAND OR WIFE <u>Ormond Hagen</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ormond Hagen</u> ADDRESS <u>Appleton City Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ormond Hagen</u> ADDRESS <u>Appleton City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3518</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Aug 15</u> , 1949, to <u>Aug 24</u> , 1949, that I last saw the deceased alive on <u>Aug 24</u> , 1949, and that death occurred at <u>11-15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Hagan</u> (Degree or title) _____		23b. ADDRESS <u>Appleton City Mo</u>	
23c. DATE SIGNED <u>Aug 25-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 26</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Bates Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u> ADDRESS <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 26-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cleo Abney</u> 285	

RECEIVED

District Health Officer No. 7

District File Number 7-49-1043

Date Filed 8-30-49

SEP 12 1949

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

on the 24 day of Aug 1949

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address

Appleton City - MD

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.