

FILED JUN 10 1947

Registration District No.

Primary Registration District No. **5520**

Registrar's No. **133**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Calhoun Mo. (Windsor Township)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **—**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether)

In this community **life** years, months or days

3. (a) PRINT FULL NAME **SQUIRE HAGER**
3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Julia J. Hager** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **3-2-1862** (Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **29** If less than one day **—** hr. **—** min.

9. Birthplace **Brunston Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **George Washington Hager**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Hester Hoback**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Julia J. Hager**
(b) Address **Calhoun Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-3-47** (Month) (Day) (Year)
(c) Place: burial or cremation **Calhoun Cemetery**

18. (a) Signature of funeral director **Ed Wellman**
(b) Address **Clinton Missouri**

19. (a) **6-2-47** (Date received local registrar) (b) **R.R. Kenney** (Registrar's signature) **1947**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Calhoun Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **3 miles East** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **1** year **47** hour **5:30 AM** M.

21. I hereby certify that I attended the deceased from **Sept 18** 1947 to **May 29** 1947 and that I last saw him alive on **May 29** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterial Sclerosis** Duration **3 yrs**

Due to **Rheumatism**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

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? (c) Means of injury

23. Signature **J.A. Pluckmore** (M.D.)
Address **Windsor Mo** Date signed **6-2-47**

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

42
00

RECEIVED
District Health Officer No. 71
District File Number 5-47-685
Date Filed 6-8-47

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 ⁴³⁴ Fred Wilkerson, Registered Apprentice No. 434 - 464, working under my personal supervision.

+ F. L. Schaberg (464)

Signed Fred Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton 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.