

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18245

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township " Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. 629 Themis St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen C. Hagerty

(a) Residence, No. 629 Themis St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hagerty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Puxico, 0
(STATE OR COUNTRY) Mo. 913. NAME John F. Looney 914. BIRTHPLACE (CITY OR TOWN) Don't Know 9
(STATE OR COUNTRY)15. MAIDEN NAME Altha Sewell16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)17. INFORMANT Denver Hagerty
(ADDRESS) Cape Girardeau, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE May 14 193919. FUNERAL DIRECTOR (NAME) L. I. Haman
(ADDRESS) Cape Girardeau, Mo. 12120. FILED 5-12-39 J. M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 193922. I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to May 12, 1932

I last saw her alive on 5/12/39 Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance: 93d

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Chas. J. Husted, M. D.(Address) 630 1/2nd Ave
Cape Girardeau, Mo.

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 L. L. Haman
- Licensed Embalmer No. 2863
P. O. Address Cape Girardeau

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, above space should be left blank.