No. 2
10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29232

FILED SEP 25 1940

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 108

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 South Main St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville (If outside city or town limits write "RURAL")
(d) Street No. 208½ North Main Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Charles Henry Hager
3. (b) If veteran, name war: ____
3. (c) Social Security No. 488-14-2015
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pauline Seals Smith Hager
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: September 20, 1883 (Month) (Day) (Year)

8. AGE: Years 56 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Onaga (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: plumber
11. Industry or business: independent

MOTHER FATHER
12. Name: William Hager
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Susannah Williams
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pauline Hager
(b) Address: 208½ North Main St, Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 16. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Miriam Cemetery.
18. (a) Signature of funeral director: John W. Price
(b) Address: Maryville Mo.
19. (a) Aug 17-1940 (Date received local registrar) (b) Mamie E Claredy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8 day 14 year 1940 hour 2 minute 30 P. M.
21. I hereby certify that ~~I attended the deceased from~~ ____, 19__, to ____, 19__, ~~that I last saw him alive on~~ ____, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death: probably cerebral embolism; died suddenly & unexpectedly, without medical attention.

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

Duration

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? ____ While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: Chas. D. Humberd M.D. (M. D. ~~coroner~~)
Address: Coroner, Nodaway Co., Mo. Date signed 8/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 440-18728
Date Filed SEP 11 1948

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Marysville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.