

S. No. 2  
5-17-36  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43018

State File No. \_\_\_\_\_

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 48

54  
8  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 10 Yrs.  
year, months or days

3. (a) PRINT FULL NAME Wilhelmena C, Hagemann

3. (b) If veteran, name war L

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fritz Hagemann

6. (c) Age of husband or wife if alive 80 yrs. year

7. Birth date of deceased July 20, 1870  
(Month) (Day) (Year)

8. AGE: Years 20 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name William H. Guille

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

14. Maiden name Wilhelmena Osthoff

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

16. (a) Informant Miss Pauline Hagemann

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof 12/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayview, Mo.

18. (a) Signature of funeral director E.C. Husman

(b) Address Odessa, Mo.

19. (a) 12-13-40 (b) Wm E. M. Gordwin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Odessa  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 12 year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 10, 1940, to Dec 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Left sided Hemiplegia

Due to Cardio-renal vascular disease & Hypertension

Due to \_\_\_\_\_

Other conditions Pyelonephritis  
(Include pregnancy within 5 months of death)

Duration 7 days

6 mos

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

While at work? 4/16 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. W. Martin (M. D. or other) \_\_\_\_\_

Address Odessa Mo Date signed 12-14-40

RECEIVED  
District Health Officer No. 8,  
District File Number 1-7-41  
Date Filed \_\_\_\_\_

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**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. C. Husman

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Odessa, 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, above space should be left blank.**