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FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6973

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 165

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 5 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade (Dade)

(c) City or town Everton, R2 (If outside city or town limits, write "RURAL") 29

(d) Street No. Rural (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 1 0 years.

3. (a) PRINT FULL NAME Alvin Jasper Hagerman

3. (b) If veteran, name war no

3. (c) Social Security No. 500-09-0779

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lee Eaves Hagerman

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October (Month) 13 (Day) 1902 (Year)

8. AGE: Years 38 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation farmer.

11. Industry or business General farming & Laborer

FATHER
12. Name Frank Hagerman
13. Birthplace Dade County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lena Finney (~~[illegible]~~)
15. Birthplace Dade County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Earnest Hagerman

(b) Address Walnut Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Geneva Brown

(b) Address Walnut Grove Mo

19. (a) 2/25/41 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1941 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 19, 1941, to Feb 24, 1941; that I last saw him alive on Feb 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Broncho & Asthma - Bronchial — Duration 9 d. 7 years

Due to

Due to

107

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Guy D Callaway (M. D. or other) MD

Address Springfield Mo Date signed 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.