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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18599

Registration District No. 650

Primary Registration District No. 5261

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Dora Richland Mo.  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Clarence Hagan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 6, 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Franksford, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

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

MOTHER FATHER { 12. Name William Hagan

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

14. Maiden name Buenna Vista Hammer

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

16. (a) Informant Fred L. Hagan

(b) Address Dora, Missouri

17. (a) Burial (b) Date thereof 5-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeten Pond

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 6-9-1941 (b) O. S. Claybrook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 97

(c) City or town Dora Rural 0  
(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 May day 8  
year 1941 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 8, 1941  
\_\_\_\_\_ 19\_\_\_\_, to May 8 \_\_\_\_\_ 1941,  
that I last saw him alive on May 8 \_\_\_\_\_ 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Injury Duration \_\_\_\_\_

Due to Accidental Contusion  
While riding Road Grader

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

Other conditions (Include pregnancy within 3 months of death) mb

Major findings: Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Urge 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 May-7-41

(c) Where did injury occur? Dora, Miss. Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
582 yes (Specify type of place) 077  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. Hagan  
Address West Plains, Mo. Date signed 5/11/41

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

RECEIVED

District Health Officer No. 6,

District File Number 641-933

Date Filed JUN 11 1941

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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: *W. B. Hutchison*

Licensed Embalmer No. 3431

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.