

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24500

State File No. _____

FILED AUG 25 1941

Registrar's No. 205

Registration District No. 73

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Boone County Hospital
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ⁰¹⁰

(c) City or town Columbia ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 47 West Blvd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME JENNIE MAY HAGAN.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from _____ 19____ to July 31st 1941

that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color of race White

6. (b) Name of husband or wife WILLIAM HAGAN

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

7. Birth date of deceased JUNE, 21-1892
(Month) (Day) (Year)

Immediate cause of death Post operative pneumonia Duration _____

Due to operation for removal of large obstructive spleen

Due to _____

8. AGE: Years 49 Months 1 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Pike Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) _____

Major findings of operations Large spleen obstructing trachea

Of autopsy Not done

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Jefferson B. Wright

13. Birthplace Pike County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mellie Brubaker

15. Birthplace Pike County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William Hagan

(b) Address Columbia Mo

17. (a) removed (b) Date thereof 8-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kilby Cem, Pike Co. Mo.

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? _____

18. (a) Signature of funeral director J. Parkers

(b) Address Columbia Mo

19. (a) 8/1/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Robert H. Simpson MD (M. D. or other) P

Address Columbia Date signed 8/1/41

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 *M. N. McKittrick*.....

Licensed Embalmer No. *3893*.....

P. O. Address: *Calumet, 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, fact should be so stated above.