

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3743 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months /
years, months or days

3. (a) PRINT FULL NAME Elizabeth Flora Hagan

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Fem. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph E. Hagan 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 12 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 25 hr. min.

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Herself

12. Name James L. Eastham

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

14. Maiden name Unknown

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

16. (a) Informant Joseph E. Hagan

(b) Address Moberly, Mo.

17. (a) Removal (b) Date thereof Dec. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Terre Haute, Ind.

18. (a) Signature of funeral director Geo. B. King

(b) Address 703 N. 10 St. Kansas City, Kan.

19. (a) Dec. 9 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1941 hour 6:45 minute A M.

21. I hereby certify that I attended the deceased from Dec. 5/41
1941 to Dec. 6 1941
that I last saw her alive on Dec. 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Due to Coronary Stenosis
Due to Coronary Sclerosis
Other conditions: gita
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Refused
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) (b) Means of injury _____
23. Signature Charles R. Hunte (M. D. or other) D. O.
Address 230 West 1st St. Date signed 12/7/41

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

8
303

089
6
3

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 *Geo. H. Long*

Licensed Embalmer No. *1263*

P. O. Address *Kansas City, Kan*

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.