

S. No. 2
9-4-41
15-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27893

State File No.

Registrar's No. 272

FILED SEP 10 1943

Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: St. Francis 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Lillian Hageman

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1943 hour 2 minute 05 P.M.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: W. M. Hageman

6. (c) Age of husband or wife if alive: not supplied years

7. Birth date of deceased: not supplied
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-29-1943 to 8-22-1943
that I last saw h. er alive on 8-22-1943
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 0 Days 0 If less than one day hr. 0 min. 0

Immediate cause of death: Branch pneumonia
Dequense Peritonitis

Due to: 1278

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

9. Birthplace: Marchessault Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: School Teacher

11. Industry or business: School Teacher

MOTHER FATHER { 12. Name: JAMES SANDERS

13. Birthplace: Lalaca Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Jewell

15. Birthplace: Pulaski Co. Ill. 1
(City, town, or county) (State or foreign country)

Major findings: Ruptured
Of operations: Free bladder

Of autopsy: Obstruction
Common duct

PHYSICIAN: 1278

Underline the cause to which death should be charged statistically.

16. (a) Informant: Orinell Sanders

(b) Address: Marchessault Mo.

17. (a) Burial (b) Date thereof: 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Spartan Mo.

18. (a) Signature of funeral director: H. W. Albritton

(b) Address: Spartan Mo.

19. (a) 8-25-43 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1278 (Specify type of place) (a) Means of injury: 1278

23. Signature: D. B. Elrod (M. D. or other)

Address: Cape Girardeau, Mo. Date signed: 8-23-43

RECEIVED

District Health Officer No. 4
District File Number 94-3-2237
Date Filed 9-9-43

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

Hunter Whittow

Licensed Embalmer No.

4210

P. O. Address

Seaton Pa.

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.