

Registration District No. 149

Primary Registration District No. 1002

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

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
In this community Since 1883
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Miss Rose Lee Hagood

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife no.

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

7. Birth date of deceased: February 18 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>15</u>	<u>14</u> hr. _____ min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Louis Hagood

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. W. D. Winn

(b) Address 5543 Harrison, Kansas City, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-5-43
(Date received from registrar)

(b) H. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5543 Harrison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1943 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 30 1943 to Oct 5 1943
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Coma

Due to _____

Due to unable to determine anything further.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No autopsy

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)
(a) Means of injury _____

23. Signature H. E. Brown (M. D. or other)

Address 112 Franklin Date signed 10/5/43

Duration 5
Oct 1, 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Williams
Proff. B. Body
2 25 5-30

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.