

NOV 5 1943

Registration District No. 164

Primary Registration District No. 2022

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Johnson.
(b) City or town Warrensburg.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether 1)
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Johnson. 051
(c) City or town Warrensburg. 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Charles Fredrick Hagemeyer.

3. (b) If veteran, no name war. 3. (c) Social Security No. 495-01-5255

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Hagemeyer. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 14 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Holden. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Feed Dealer.

12. Name Henry Hagemeyer.

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Steinhauer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. F. Hagemeyer.

(b) Address Warrensburg. MO.

17. (a) burial (b) Date thereof 10-27-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Wm Phillips.

(b) Address Warrensburg. MO.

19. (a) Oct 27, 1943 (b) Leslie M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug - 1943 to 10-25, 1943
that I last saw him alive on Oct - 25 - 43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 1 1/2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

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) (c) Means of injury

23. Signature R. F. Williams (M. D. or other) MD
Address Warrensburg, MO Date signed 10-26-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-3-43

DEC 12 1944

DEC 12 1944

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.....

Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.