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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3843C**

Registration District No. **155**

Primary Registration District No. **5578**

Registrar's No. **39**

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin Imp-Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2009 Quincy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **2009 Quincy**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Joplin** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **N**

3. (a) PRINT FULL NAME **John William Haged**
 (b) If veteran, name war **---** (c) Social Security No. **440-03-7187**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **11** day **19**
 year **1943** hour **2:40** minutes **P. M.**
 21. I hereby certify that I attended the deceased from **Feb. 1943**
 to **Mar 19 1943**
 that I last saw him alive on **Nov 19 1943**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Helen** 6. (c) Age of husband or wife if alive **33** years
 7. Birth date of deceased: **April 1 1907**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of Lung** Duration **3 mo**
Melanoma of Left Lip Duration **10 mo**
 Other conditions (Include pregnancy within 3 months of death) **H 72**

8. AGE: Years **36** Months **7** Days **19** If less than one day hr. min.
 9. Birthplace: **Miami Okla.**
 (City, town, or county) (State or foreign country)

Major findings: **Tumor removed from left lip - melanoma**
 Of autopsy **H 72**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Police Dept.**
 11. Industry or business **Police Dept.**
MOTHER FATHER
 12. Name **Anton H. Haged**
 13. Birthplace **Mt Sterling Ill.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Powers**
 15. Birthplace **Peoria Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Helen Haged**
 (b) Address **2009 Quincy St Joplin Mo**
 17. (a) **Burial** (b) Date thereof **11/22/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope Cem.**
 18. (a) Signature of funeral director **Thommas Deam**
 (b) Address **Joplin Mo**
 19. (a) **Nov. 22, 1943** (b) **Mrs. Willie Haged**
 (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? **---**
 (City or town) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature **Wm D. ...** (Specify type of place) (M. D. or other)
 Address **---** Date signed **11/20/43**
 (Means of injury)

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

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JUN 30 1948

APR 9 1945

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.