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S. No. 2  
OM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

LED DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5190

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: 2804 Harrison - 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)  (Specify whether years, months or days)

In this community 50 Years (Specify whether years, months or days)

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. 280 4 Harrison  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Margaret Hagar

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex fe

5. Color or race wh

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

6. (b) Name of husband or wife unk.

6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased March 23 1853  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>8</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business Shuck

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Grace Mosig

(b) Address 2804 Harrison

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

(b) Date thereof Dec 10 th 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 12-9-43 (Date received local registrar)

(b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8th  
year 1943 hour 2 minute 30p. M.

21. I hereby certify that I attended the deceased from Apr - 1941, 19 Dec - 8 - 19 43  
that I last saw him alive on Dec - 5, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Generalized arteriosclerosis

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of 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) (e) Means of injury \_\_\_\_\_

23. Signature T. E. Brown (M. D. or other) 0

Address 106 at 144 N. C. E. Mo Date signed 12/9/43

Duration 2 yr

10 yrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

DR BRUST 106 WEST 14th  
GRO060

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**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 *Chas Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address *1800 Pinewood*.....

**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.**