. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17621

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 9

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town STOVER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town STOVER 71
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE MATTIE HAGEDORN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife THEODORE HAGEDORN
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased FEB (Month) 17 (Day) 1884 (Year)

8. AGE: Years 61 Months 1 Days 23 If less than one day hr. min.

9. Birthplace STOVER (City, town, or county) MOD (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name HENRY BRUNJES
13. Birthplace STOVER (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name MATTIE WITTROCK
15. Birthplace STOVER (City, town, or county) MOD (State or foreign country)
16. (a) Informant THEODORE HAGEDORN
(b) Address STOVER MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation STOVER CEM
18. (a) Signature of funeral director J L Stevenson
(b) Address Stover Mo
19. (a) May 11-1945 (Date received local registrar) (b) Henry Kipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10 TH year 1945 hour 12 minute 45 A M.
21. I hereby certify that I attended the deceased from May 8, 1945, to May 10, 1945 that I last saw her alive on May 9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertension	10 yrs.
Due to	
Other conditions Interstitial nephritis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A J Gunn (M. D. or other)
Address Versailles Mo Date signed 5/10/45

1030 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

RECEIVED
D[illegible] Officer No. 71
Dist. [illegible] 4-45-467
Date Filed 5-25-40

MAY 28 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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.