

Registration District No. 209 Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Nashville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1310 Lindell  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community most of lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Nashville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1310 Lindell  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Alice Hagan  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. 492-24-0008

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
 year 1946 hour 9 minute 27 A.M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Allen J. Hagan  
 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased November 16 1899  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30 1946 to May 27 1946  
 that I last saw her alive on May 27 1946  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>6</u>	<u>11</u>	— hr. — min.

Immediate cause of death Cancer of Stomach with metastasis generalized.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Spalding Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation housewife  
 11. Industry or business \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 - Of operations \_\_\_\_\_  
 - Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name Robert W. Krighbaum  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Maria  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Allen J. Hagan  
 (b) Address 1310 Lindell, Nashville, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date there May 31 1946  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelby Park Cemetery  
 18. (a) Signature of funeral director Ray J. Selwitz  
 (b) Address 100 Broadway, Nashville, Mo.  
 19. (a) 5-29-46 (Date received local registrar) (b) Dr. E. M. Lucke (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) (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 Wm. J. Green (M. D. or other)  
 Address 100 North St Date signed 5/28/46

**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..... *George T. Bond* .....

Licensed Embalmer No. *4373* .....

P. O. Address *Hannibal 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.