

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X366

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Hanns 30007

FILED SEP 23 1948  
Registration District No. 28

Primary Registration District No. 2000

State File No. \_\_\_\_\_  
Registrar's No. 753

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
805 So. Florence /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
12 Years (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 805 So. Florence 6  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James H. Hagale  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 15  
year 1946 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 7-24-46  
\_\_\_\_\_, 19\_\_\_\_, to 9-12-46, 19\_\_\_\_;  
that I last saw him alive on 9-12-46  
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 Unknown  
6. (c) Age of husband or wife if alive Unknown years

Immediate cause of death \_\_\_\_\_ Duration 10 days  
Cerebral Edema  
Apoplexy, cerebral  
Due to Hemiplegia, left  
Due to Arteriosclerosis, generalized and hypertension  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

7. Birth date of deceased: July 15 1874  
(Month) (Day) (Year)  
8. AGE: Years 72 Months 2 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace: Mt Lebanon Syria  
(City, town, or county) (State or foreign country)  
10. Usual occupation Merchant (Retired)

11. Industry or business \_\_\_\_\_  
12. Name James H. Hagale  
13. Birthplace Mt. Lebanon Syria  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Mt. Lebanon Syria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Hagale  
(b) Address 805 S. Florence  
17. (a) Burial (b) Date thereof Sept. 17. 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's

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 Dr. Hanns (M. D. or other) M.D.  
Address Med. Arts Bldg. Springfield Mo Date signed 9-17-46

18. (a) Signature of funeral director He rman H. Lohmeyer  
(b) Address Springfield, Missouri  
19. (a) 9-17-46 (b) W.S. Handley M.D.  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUL 29 1948

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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 W. L. McCann  
Licensed Embalmer No. 2727  
P. O. Address Springfield

**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.**

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