

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** **907** **7 1948**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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:  
**4525 Kenwood**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether)

In this community **all his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **B. Haywood Hagerman**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **487-12-2270**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Helen Eaton Hagerman**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **November 24 1888**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>57</b>	<b>9</b>	<b>26</b>	<b>30</b> hr. min.

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

10. Usual occupation **President**

11. Industry or business **James B. Welch Real Estate Co.**

MOTHER FATHER

12. Name **Frank Hagerman**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ella Comstock**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Eaton Hagerman**

(b) Address **4525 Kenwood, Kansas City, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **9-23-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-20-46** (Date received local registrar)

(b) **Geraldine Holmes** (Registrar's signature)

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. **4525 Kenwood**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month **September** day **20** year **1946** hour **4.43** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1946** to **Sept 20 1946**

that I last saw him alive on **Sept 20 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

Due to **Carcinoma and metastases over large bowel primary descending colon.**

Other conditions (Include pregnancy within 3 months of death) **462**

Major findings: Of operations **Bronchial Pneumonia**

Of autopsy **Carcinoma, metastases to adenex, liver**

Underline the cause to which death is 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? **no**

While at work (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **Raymond Ducommun** (M. D. or other)

Address **909 Myrtle Beach** Date signed **9/20/46**

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

29099

Dr. Ralph Duncan  
Dr. Jas. Montgomery, Surgeon

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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.....

*Robert H Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*K.C. 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.**