

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1947
Registration District No. 82

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOUNVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
VAN RAVERWAY - CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 HRS.
(Specify whether _____)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 mi - W - Barnett
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Lester-Allen-Hagerman

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 9
1947 to April 9
1947
that I last saw him alive on April 9, 1947
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 SINGLE

6. (b) Name of husband or wife none

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

7. Birth date of deceased: Feb 20 1946
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia of both lungs 7 days

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

1 1 19 ✓ hr. ✓ min.

Other conditions (Include pregnancy within 3 months of death): Severe dehydration and malnutrition.

9. Birthplace: BLAIRSBURG - IOWA
(City, town, or county) (State or foreign country)

Major findings: Of operations None

Of autopsy None

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

10. Usual occupation none

11. Industry or business none

12. Name Edward-Hagerman

13. Birthplace MORGAN CO MO
(City, town, or county) (State or foreign country)

14. Maiden name PEARLE - DIX

15. Birthplace Big-CABIN - OKLAHOMA
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hagerman

(b) Address Barnett MO

17. (a) BURIAL (b) Date thereof 4-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION - Cem -

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? _____

18. (a) Signature of funeral director Kurt M. Kaye

(b) Address Eldon MO

19. (a) 4-15-47 (b) D. Hoover
(Date received local registrar) (Registrar's signature)

23. Signature Lester Hagerman (M. D. or other) 0

Address Barnett, Mo Date signed April 10, 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-1-47

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 Keith M. Keys

Licensed Embalmer No. 3998

P. O. Address Eldon 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.