

FILED JUL 24 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 189

1. PLACE OF DEATH:  
 (a) County Boone  
 (b) City or town Columbia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: White Convalescent Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 14 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) Riply St  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sterling Price Hagens  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 11 year 1947 hour \_\_\_\_\_ minute 30  
 21. I hereby certify that I attended the deceased from July 11 to July 11 1947  
 that I last saw him alive on June 25 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  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 11 1861 (Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage  
Gen. Arterio-sclerosis  
High Blood Pressure  
 Duration \_\_\_\_\_

8. AGE: Years 85 Months 8 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
 10. Usual occupation Hat and Mower Retail

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name L. G. Hagens  
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Griffin  
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
83A

16. (a) Informant Mattie Slight  
 (b) Address 1409 Pratt Columbia  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-47 (Month) (Day) (Year)  
 (c) Place: burial or cremation Freshet Capt.  
 18. (a) Signature of funeral director W. Burnett  
 (b) Address Ashland Mo.  
 19. (a) 7-14-47 (Date received local registrar) (b) Mrs. R. E. Palmer (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 Stephen D. Youth (M. D. or other) \_\_\_\_\_  
 Address Columbia Date signed 7-12-47

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

MOTHER FATHER

Date Filed 7/23/47

District File Number.....

District Health Officer No. 9,

RECEIVED

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. Bennett

Licensed Embalmer No. 3564

P. O. Address Asland, 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.