S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

Registration District No. 2617

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35204

Primary Registration District No. 3049

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Hayti (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 30 years

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

3. (a) PRINT FULL NAME: John Blount Hagemann
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 17th (Day) 1878 (Year)

8. AGE: Years 69 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.
9. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....

MOTHER
12. Name: Joseph A. Hageman
13. Birthplace: Bingenheim (City, town, or country) Prussia (State or foreign country)

FATHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Magnrite Hagemann
(b) Address: 718 Hamilton St Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo.
18. (a) Signature of funeral director: Valhalla Funeral Home
(b) Address: Hayti, Missouri Box 424
19. (a) 10-20-47 (Date received local registrar) (b) John W. Herman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th year 1947 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from Sept. 11, 1947 to Oct. 11, 1947 that I last saw him alive on Oct. 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis
Due to: —
Other conditions (include pregnancy within 3 months of death): —
Major findings: Of operations: 83A
Of autopsy: —

Duration

PHYSICIAN — Underline the cause of which death should be 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: [illegible] M.D. (M. D. or other)
Address: Hayti, Mo. Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11-47-298

NOV 6 1947

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 424

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.