EU PO 111N 7	10.40	THE DIVISION OF HE			1667	Q
FLED JUN 7	1949	STANDARD CERTII	FICATE OF DEA	ATH 51	ate File No	<u> </u>
BIRTH NO.		_ REG. DIST. NO. 224	PRIMARY REG. DIST.			
I. PLACE OF DEATH	H***.		2. USUAL RESID	ENCE (Where decesses	d lived. If institution: resi	idence b
a. COUNTY MG	nitean	· · · · · · · · · · · · · · · · · · ·	a. STATE YO	b. 6	COUNTY Monite	admin A
b. CITY (If outside corpur. OR TOWN	rate limite, write I	RURAL and give c. LENGTH OF STAY (in this place	C. CITY (If outside on OR TOWN	rporate limita, write RURA	L and give township)	ن د
d. FULL NAME OF (II a	I/V i	natitution, give atreet address or location)	d. STREET	(If rural, give location)	 ,	
HOSPITAL OR 4 YY	ui s, e	1 California, Mo	ADDRESS	mis, F. of	California.	رمس
3. NAME OF 8. DECEASED A	(First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day)	(Year)
	ADDA	WilhELMINA	HAGENEU	A F R DEATH	may 20	1949
	LOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In	years if UNDER ! YEAR If i	HOER M
Lemale V	hile	WIDOWED, DIVORCED (Bisocity)	10017.18	82 66	lay) Months Days Ho	ata M
Ida. USUAL OCCUPATION ((Give kind of work	10b. KIND OF BUSINESS OR IN-	II. BIRTHPLACE (State	or foreign country)	12. CITIZE	
done during most of working ill	ie, even if retired)	howevil.	Moniteau	Co. Mo.	COUNTR	
3a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF HUSE		
Henry Pil	orim	Wilhelm	ing Wienere	Henry	Hagemen	a.
5. WAS DECKASED EVER			17. INFORMANT	S SIGNATURE OR		DRES
Yes. no, or unknown) (If yes.	. give war or dates	of service) NO.	asthus	H. Ha	aemeule	
IB CAUSE OF DEATH			CERNIFICATION	717 71 00	/ /NTERVAL	
Enter only one cause per line for (a), (b), and (c)	DISEASE OR C DIRECTLY LEAD	ONDITION ONE THE (a)	Lauren	/	Onset A	ND DEAT
	ANTECEDENT C		1	7.	2 2	
the mode of dring, such	MorMd condition	s if any giring DUE TO (b)	relano	molose	- 2	M
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ns heart failure, asthenia, the cis- ease, injury, or complica- tion which caused death.	he underlying ca	DUE TO (c) FICANT CONDITIONS		A. M. M		
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District File Number. District Health Officer No. **BECEINED**

CTATEMENT	DV	FICENCED	CLIDATACO

I hereby certify that the body whose name is recorded on the reverse side of this	s certi:	ficate v	was embalm	ned by me, or	by
working under my personal supervision.	, 51	tudent	Embalmer	No	· -
working under my personal supervision.	\sim	_	2	* 0	

a. E. Wilson

Licensed Embalmer No...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.