WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44989

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5572
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C.MO. (No. Gen. Hosp # 2 St. Ward)

2. FULL NAME Oscar Wagner
(a) Residence, No. 206 E. Waldo Indep. Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1890
7. AGE YEARS 46 MONTHS 9 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sibley Mo.

FATHER
13. NAME Henry Wagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Minnie Gillis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sibley Mo

17. INFORMANT (ADDRESS) Henry Wagner 405 W. St. Charles, Indep.
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Indep. DATE 12/26 1936
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia
20. FILED 12-26, 1936 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-36, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.18 A.M.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the Abdomen
Hemoperitoneum
Date of onset
Other contributory causes of importance:
173
Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12/23/36, 19
Where did injury occur? Independence Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Public place Trauma by firearms
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)