

REC'D JUN 9 1938

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

17438

Do not use this space.

2135

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. St. Mary's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lawrence H. Wagner 256
 (a) Residence, No. 1739 Swatzell Road, St. Johnson Co. Kans.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruth Wagner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1900
 7. AGE YEARS 37 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Stove Repair Co.
 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) Cincinnati, Ohio
 FATHER 13. NAME P. H. Wagner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio
 MOTHER 15. MAIDEN NAME Louise Bremker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Mrs. Ruth Wagner
1739 Swatzell Road
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 25, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wagner Funeral Home
Kansas City, Mo.
 20. FILED May 23, 1938 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 22, 1938
 I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 10:00 a. m.
 The principal cause of death and related causes of importance were as follows:

Labour Pneumonia
Right upper lobe
108
 Date of onset May 15
 Other contributory causes of importance: Acute Myocarditis May 19

Name of operation None Date of _____
 What test confirmed diagnosis? Tray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify August J. Ferguson, M. D.
 (Signed) _____ (Address) 433 N. 7th St.,

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)