

REG JUL 11 1938

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

21286
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 56
(b) Township Walnut Primary Registration District No. 5087 Registered No. _____
(c) City _____ (d) Street No. _____ 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 Fredric Wagner

(a) Residence, No. Foster, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Bertha Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
62 6 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. engineer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage City, Kans.

13. NAME Cornelius Van Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Lucinda Baldwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

17. INFORMANT (ADDRESS) Bertha Wagner*
Foster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Foster, Mo. DATE June 19, /38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth
Rich Hill, Mo.

20. FILED 6/28 1938 Mrs. O.P. Vidler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th / 1938

22. I HEREBY CERTIFY That I attended deceased from June 16th 1938, to June 17, 1938
Last saw h. im alive on June 17, 1938 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clin 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 _____

(Signed) L. D. La Huel M. D.
(Address) Butter Mo

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.

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,

John G Underwood

....., or by

Registered Apprentice No. 6, working under my personal supervision.

Signed

John G Underwood

Licensed Embalmer No. 3585

P.O. Address Rich Hill Missouri

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, above space should be left blank.