

REC'D MAY 10 1939

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

13739

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1493
(c) City Kansas City (d) Street No. General Hosp 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

George Wagner
(a) Residence, No. 2516 Liberty Mo Route 4 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie W. Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 2 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Fur Dell
10. Date deceased last worked at this occupation (month and year) 5 days ago 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland Co Virginia

FATHER 13. NAME Jacob Wagner

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

MOTHER 15. MAIDEN NAME Annie Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) W. S. Wagner Liberty Mo Route 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Liberty Mo DATE 4-8-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. W. Archer Liberty Mo

20. FILED 4-17-39 M. M. Crow, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-39 19

22. I HEREBY CERTIFY That I attended deceased from Peru 19

I last saw deceased on 4-5-39 at 1:55 P.M. Death is said to have occurred on the date stated above, at 1:55 P.M.

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

Cerebral traumatism Date of onset

Subdural, subpial, and intracerebral cerebral hemorrhage

Other contributory causes of importance: 210 Mo

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4-1-39

Where did injury occur? near Liberty Mo Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision between two cars

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify (Signed) W. S. Wagner M. D.

(Address) Peru Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.