

MAY 22 1939

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

15431
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Jackson Primary Registration District No. 5675 Registered No. 59
 (c) City..... (d) Street No. 3 miles East Sampsel, Missouri 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 Mrs. Nancy Leeola Wagner

(a) Residence, No. 3 miles East Sampsel, Missouri (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. W. Wagner (d)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 3 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Payton
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Henry C. Donley
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Frances Taylor
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Illinois

17. INFANT (ADDRESS) Ray Wagner
R. F. D. Sampsel, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 4-16, 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
 (ADDRESS) Chillicothe, Missouri 456

20. FILED 4-17- 1939 Donald M. Powell M.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to April-15, 1939
 I last saw her alive on 7, 1939. Death is said to have occurred on the date stated above, at 7 a.m.

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

Coronary embolism
59
 Other contributory causes of importance: Diabetes Mellitus 1931
 Date of onset

Name of operation Physical exam Date of 10/17/39
 What test confirmed diagnosis? None 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?
 If so, specify Diabetes Mellitus M. D.
 (Signed) Chillicothe, Mo (Address)

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.

RECEIVED

Health Officer No. 111

Number 39-496
MAY 11 1939

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,

E. R. Norman

or by

Registered Apprentice No., working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Mo.

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.