

REC'D JUN 8 1939

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

Board of Health.

17460

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 1110 Summitt Str., K.C. Mo. Registered No. 1862
 (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

George Wagner,
 (a) Residence, No. 1110 Summitt Str., K.C. 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 Helen Wagner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th, 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 11 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Illinois

FATHER 13. NAME George Wagner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katy Brown,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German

17. INFORMANT Mrs. Helen Wagner,
 (ADDRESS) 1110 Summitt Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE May 4th, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED May 3, 1939 M. M. Craue
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner to....., 19.....
 I last saw him live on....., 19..... Death is said to have occurred on the date stated above, at.....; A.M.
 The principal cause of death and related causes of importance were as follows:

Illuminating gas poisoning
164
 Other contributory causes of importance:

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..... Date of injury 5-2-39
 Where did injury occur? K.C. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury found in bathroom
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) W. H. Hunter M. D.
 (Address) Law Dept. K.C. Mo.

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.

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.