

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

22743

Do not use this space.

1. PLACE OF DEATH ² **MONTGOMERY** Registration District No. **588**
 (a) County **MONTGOMERY**
 (b) Town **DANVILLE MO** Primary Registration District No. **5786a**
 (c) City **DANVILLE MO** (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME ²⁵⁶ **JAMES HARRIS WAGNER**
 (a) Residence, No. **NEAR DANVILLE 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 GERTRUDE WAGNER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 st 1872		
7. AGE	YEARS 67	MONTHS 2
	DAYS 6	If LESS than 1 day, _____ hrs. or _____ min.
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.	
	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) NEAR WELLSVILLE MO		
FATHER	13. NAME JAMES F. WAGNER	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA	
MOTHER	15. MAIDEN NAME MARY E. WAGNER	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA	
17. INFORMANT MRS. GERTRUDE WAGNER (ADDRESS) DANVILLE MO		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE 6/8/39		
19. FUNERAL DIRECTOR (NAME) C. V. HOPKINS (ADDRESS) MONTGOMERY CITY MO		
20. FILED June 8, 1939 Mrs. V. A. Cullom Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 7 th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 16, 1932 to June 7, 1939**
 I last saw him alive on **June 3, 1939** Death is said to have occurred on the date stated above, at **2:30 am**
 The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic	Date of onset 1932
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Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Phys. Exam** 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 **Psuill Meninge**, M. D.
 (Signed) **576** (Address) **Montgomery City, Missouri**

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

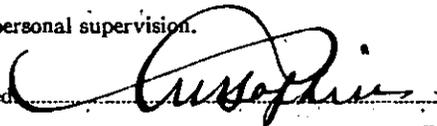
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the 7 th

June 1939

....., or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. I487

P. O. Address Montgomery City 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.