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

28786
Do not use this space.

SEP 13 1939

1. PLACE OF DEATH
(a) County Cape Gir 1 Registration District No. 124
(b) Township Registered No. 31
Primary Registration District No. 4070
(c) City Jackson (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 Louis Ferbinarb Wagner
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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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~~ HESTER PETERMAN Wagner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 20 - 1878.
7. AGE: Years 60 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as saw mill, bank, etc. BARBER
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON Missouri 0

FATHER
13. NAME William Wagner 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordsville MO

MOTHER
15. MAIDEN NAME Caroline Altenthal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON MO

17. INFORMANT (ADDRESS) Mrs Hester Wagner JACKSON MO
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE SEPTEMBER 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Macke-Wilson-Statler JACKSON MO
20. FILED 9-2 1939 D. S. Seibert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1939
22. I HEREBY CERTIFY, That I attended deceased from June 15 1939, to Aug 30 1939
Last saw h alive on Aug 29 1939. Death is said to have occurred on the date stated above, at 3 30 A.m.
The principal cause of death and related causes of importance were as follows:
Congestive Pneumonia — Date of onset 30 min before death
Other contributory causes of importance: Heavy fever — Duration of illness
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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. W. Richardson, M. D.
(Address) Jackson Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INKPAD, THIS IS A PERMANENT RECORD

I X14023

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, ...

by me ....., or by .....,

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

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.