

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

11249  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaiser Primary Registration District No. 1002 Registered No. 234  
 (c) City Kansas City (d) Street No. St Marys 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. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethel Wagoni 256  
 (a) Residence, No. Kaiser St.  Kaiser, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - Marion C. Wagner Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About - 52

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home

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) Alabama

FATHER 13. NAME Haisler 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Marion C Wagner Kaiser Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo. DATE 1/18/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Mayberry 2315 Linwood (Appt)

20. FILED Jan 17, 1940 M. M. Brown Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Brown, 19

I last saw h. alive on 5:30p 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:  
Second and third degree burns of trunk and legs. Date of onset 181

Other contributory causes of importance:  
no

Name of operation Autopsy Date of 1/14/39  
 What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Autopsy Date of injury 1/14/39  
 Where did injury occur? Kaiser Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Explosion in forming primary  
 Nature of injury in kitchen (oven did not pump)

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify. (Signed) Ethel 5, M. D.  
 (Address) Kaiser

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

*Ray E. Lewis*  
Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

**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.**