

BUREAU OF THE CENSUS
FILED APR 22 1940

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution week 1 (Specify whether
In this community 2 years 6 months
years, months or days) 2 5

3. (a) PRINT FULL NAME WILMA IRENE WAGNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CONRAD WAGNER 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased JUNE 26 1921
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
18 8 18 hr. min.

9. Birthplace AUGUSTA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name D.W. HUNT
13. Birthplace IOWA (City, town, or county) (State or foreign country)
14. Maiden name DUCIE HUFFMAN
15. Birthplace PANSY MO (City, town, or county) (State or foreign country)

16. (a) Informant CONRAD WAGNER (husband)

(b) Address 2234 SPRUCE

17. (a) Burial (b) Date thereof March 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Ernest C. Thieme

(b) Address Springfield Mo 21A

19. (a) 3/15/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 2234 SPRUCE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 14 day 14th
year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from 3, 5, 40, 19, to 3, 14, 40, 19;

that I last saw her alive on 3, 14, 40, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar Duration 9 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (b) Means of injury _____

23. Signature W. Mueck (M. D. or other) _____

Address Springfield, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
3
6

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.....
R. H. Thomas

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.

X