

Registration District No. 156

Primary Registration District No. 5219

Registrar's No. 25-

1. PLACE OF DEATH: Cass
 (a) County Cass
 (b) City or town Rural Grand River Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 y.
 years, months or days

3. (a) PRINT FULL NAME CORVELIA ANNAS WAGNER
 3. (b) If veteran, name war
 3. (c) Social Security No. 251

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Douglas Wagner 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Nov 21 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 20 If less than one day
 hr. 0 min. 0

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name Guillian Brown
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Wagner
 (b) Address Cassville Mo

17. (a) Burial (b) Date thereof Apr 18, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery
RUNNENBURGER'S
 18. (a) Signature of funeral director _____
 (b) Address HARRISONVILLE, MO.

19. (a) _____ (b) Edensley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Cass
 (c) City or town Harrisonville (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1940 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Apr 10 1940 to Apr 16 1940
 that I last saw her alive on Apr 15 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
of Diabetic Gangrene
of Left Foot
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 59

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? 845
 (Specify type of place) (Specify means of injury)
 While at work? _____
 23. Signature David King (M. D. or other) _____
 Address Harrisonville Mo Date signed 4/17-40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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 _____

C. Ernest Cunningham

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.