

No. 2
1-10-39
17-39
x2

34840

State File No. _____

MAY 13 1940

Registration District No. 295

Primary Registration District No. 5412

Registrar's No. 62

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

1. PLACE OF DEATH: Franklin *Memorandum*

(a) County _____

(b) City or town Stanton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Stanton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elmer Ellsworth Wagner 256

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1940 hour 4:45 minute P. M.

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

6. (b) Name of husband or wife Lysetta 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 27, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Conflagration. Trapped in building and burned.

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

Due to _____

Due to _____

10. Usual occupation Retired Farmer

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business Farming

Major findings: _____

12. Name Henry Martin Wagner

Of operations _____

13. Birthplace Pennsylvania.
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Unknown

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant H. R. Wagner

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

(b) Address 719 Gladstone, Kansas City,

(a) Accident, suicide, or homicide (specify) Burning Building.

17. (a) Burial (b) Date thereof April 5.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Date of occurrence April 2, 1940.

(c) Place: burial or cremation Stanton.

(d) Where did injury occur? Stanton, Franklin Mo.
(City or town) (County) (State)

18. (a) Signature of funeral director Phos. P. Shaffer

(e) Did injury occur in or about home, on farm, in industrial place, in public place? In burning post office and store building. Where (Specify trade or place) injured. While at work? (e) Means of injury. r.l.

(b) Address Sullivan, Mo.

23. Signature Phos. P. Shaffer (M. D. or other) _____

Address Sullivan, Mo. Date signed 4/2/40

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 *Phos. C. Shaffer*

Licensed Embalmer No. 2692

P. O. Address.....

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.