S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18709

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 119 West 25th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 119 West 25th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Fleming Wagner 256

3. (b) If veteran, name war - -

3. (c) Social Security No. - -

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Niles Wagner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 30, 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Webb City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House duties 1

11. Industry or business 1

FATHER
12. Name Henry Fleming
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Brickell
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie V Morrison
(b) Address Seneca Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 6 1940
(Month) (Day) (Year)
(c) Place: burial or cremation WEBB CITY CEM.

18. (a) Signature of funeral director Webb City Und. Co
(b) Address Webb City Mo

19. (a) 5-4-40 (Date received local registrar) D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Oct 4, 1934, to May 4th, 1940
that I last saw her alive on May 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 92C

Due to

Other conditions Chronic Gall Bladder.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None

Duration

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

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?
3 79 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Joplin Date signed 4/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin 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.