

No. 2  
1-13-46  
5-17-39

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26019**

Registration District No. **690**

Primary Registration District No. **6908**

Registrar's No. **6**

82

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

1. PLACE OF DEATH: **Pike**  
 (a) County **Pike**  
 (b) City or town **Hartford Township Rural**  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **Franklin Siegel Wagner 256**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Eugenia B. Wagner** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug 16 1861**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>10</b>	<b>23</b>	hr. min.

9. Birthplace **Pike Co Missouri 0**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer 1**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ~~Franklin~~ **Geo. B. Wagner 1**

13. Birthplace **W. Virginia**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Caroline Temple**

15. Birthplace **W. Virginia**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Wagner**

(b) Address **Bawling Green Mo**

17. (a) **Burial** (b) Date thereof **7-9-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Prairie Cemetery**

18. (a) Signature of funeral director **Grace Bantelred**

(b) Address **Bawling Green Mo**

19. (a) **July 9-1940** (b) **Mrs. P. J. Moore**  
 (Received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Pike**  
 (c) City or town **Hartford Township Rural**  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9<sup>th</sup>**  
 year **1940** hour **16** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 14**, 1940, to **July 9**, 1940;  
 that I last saw him alive on **JUNE 25, 1940**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Toxemia**  
**Septicemia**  
 Due to **Carcinomatous**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **46**

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? **837** (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **Paul E. Coif** (M. D. or other) **M.D.**  
 Address **Mexico, Mo.** Date signed **7-9-40**

Duration **7 months**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer, No. 10

District File Number 8-40-455

Date Filed AUG 7 1940

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

*Grace Banfield*

Licensed Embalmer No.

2204

P. O. Address

*Bowling Green*

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, fact should be so stated above.