

Registration District No. 508Primary Registration District No. 3026Registrar's No. 120

## 1. PLACE OF DEATH:

(a) County Livingston  
 (b) City or town Chillicothe  
 (If outside city or town limits, write "RURAL" and name of township)  
2 Polk Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether years, months or days) Forty years

3. (a) PRINT FULL NAME Madie Alice Wagner

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Tom C. Wagner 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased July 1 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 2 14 hr. min.

9. Birthplace Livingston County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John H. Boone

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

14. Maiden name Ester M. Turner  
 15. Birthplace Trenton Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tom C. Wagner(b) Address 2 Polk Chillicothe, Missouri

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

(c) Place: burial or cremation Mt. Pleasant Cem.18. (a) Signature of funeral director F. B. Norman Co.(b) Address Chillicothe, Missouri

19. (a) 9-16-'40 (b) W. M. Wallace M.D.  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
 (c) City or town Chillicothe  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 Polk Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 15th  
 year 1940 hour 2 minute 15 p.m.

21. I hereby certify that I attended the deceased from Sept. 1  
 1940 to Sept. 15 1940  
 that I last saw her alive on Sept. 12, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary tuberculosis

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

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
9-17  
 While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Engage (M. D. or other) \_\_\_\_\_  
 Address Chillicothe, Mo Date signed 9-16-40

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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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.**