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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17852

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 444

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 9 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1707 S Jefferson Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry H. Wageman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Wageman
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Nov (Month) 8 (Day) 1885 (Year)

8. AGE: Years 55 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Billings (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Welder
11. Industry or business Springfield Auto Works
12. Name William Wageman
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant William Wageman
(b) Address 512 S Market City
17. (a) Billings Mo (Burial, cremation, or removal) (b) Date thereof June 1 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Billings Mo
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield Mo
19. (a) 6-1-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) Rgs

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 5 minute 22 P.M.
21. I hereby certify that I attended the deceased from 5-29, 1941, to 5-29, 1941; that I last saw him alive on 5-29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Explosion~~ Accidentally Explosion of Gas tank trailer where man was welding.
Due to Death was due to Shock
Due to and possibly internal injury due to accidental explosion
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Building did not burn.
Of autopsy 181
11

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) Accident
(b) Date of occurrence May 29, 1941, 32
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Springfield Auto Works Spfd Mo (Specify type of place)
While at work? Yes (e) Means of injury Gas fumes ignited by welding
23. Signature C. E. Feller (M.D. or other)
Address Springfield Mo Date signed 6/5/41

(Licensed Embalmer's Statement on Reverse Side)

Benson

227 E. Olive

2722

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 .....

Licensed Embalmer No. 3641

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.