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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20666

State File No. _____

2196

Registration FILED No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Hours
(Specify whether years, months or days)

In this community 17 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
Bartlesville, Arkansas (RURAL)

(d) Street No. 412 West 47th Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Wager

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1941 hour 2 minute 30 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 4 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4 1941 to June 5 1941.
that I last saw h. alive on June 5 1941.
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				<u>17</u> hr. _____ min.

Immediate cause of death Atletasia

Due to Prematurity (7 mos)

9. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

Due to Short Umbilical Cord (37 cms)

Other conditions None 159
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

Major findings: Of operations None 154

Of autopsy Prematurely

MOTHER FATHER { 12. Name Daniel Wager

13. Birthplace Atlanta Georgia 1
(City, town, or county) (State or foreign country)

14. Maiden name Helen Martha Lee McNeill

15. Birthplace Salem Missouri 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Daniel Wager

(b) Address 412 W. 47th St.

17. (a) Cremation (b) Date thereof June 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Robert H. Wagoner M.D. (M.D. or other)
Address 231 W 47th St Date signed 6/10/41

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 6, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

201: 02/28/2000
H-1

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address. Rem

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.