

Registration District No. 289

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County: Dunklin
(b) City or town: Malden, Missouri
(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.....
In this community.....
years, months or days) 1 (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County, Dunklin ⁰³⁵
(c) City or town: Malden, Missouri ¹
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... U

3. (a) PRINT FULL NAME DOROTHY JANE WAGONER

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, divorced, child
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: September 18 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 10 20 hr. min.

9. Birthplace Malden (City, town, or county) (State or foreign country) D

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Raymond Wagoner
13. Birthplace Missouri (City, town, or county) (State, foreign country)
14. Maiden name Martha McLean
15. Birthplace Clarkton, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Wagoner
(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 8-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Lanlan Funeral Home

(b) Address Campbell, Mo.
19. (a) 8/9/1941 (b) S.S. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1941 hour 12:30 minute..... P. M.

21. I hereby certify that I attended the deceased from August 5, 1941 to Aug-8, 1941
that I last saw her alive on Aug 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Haemiplegia ✓

Due to unknown

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration
3 1/2 days
2 wks -

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?

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

23. Signature Fomer Beebe M.D. (M. D. or other) 8/8/41
Address Malden Mo. Date signed

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

RECEIVED

District Health Office No. 24

District File Number 94-1221

Date Filed 9-5-41

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.....

Christina M. Land

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.