

Registration District No. **424**

Primary Registration District No. **5529**

Registrar's No. **146**

**1. PLACE OF DEATH:**  
 (a) County Jefferson  
 (b) City or town Rural (Big River)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route 3 Hillsboro  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 1 Year

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jefferson  
 (c) City or town Rural (Big River)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 3, Hillsboro  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

**3. (a) PRINT FULL NAME** WILLIAM WALTER WAGONER

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

4. Sex male 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 Dec. 23, 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Franklin Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bar Tender

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

12. Name George Wagoner

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

14. Maiden name Mattie Persley

15. Birthplace Franklin Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Wagoner

(b) Address 2254 Nehalem St. Hann Mo.

17. (a) Burial (b) Date thereof Sept. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead  
 (b) Address DeSoto Mo.

19. (a) Oct. 10, 41 (b) A. N. Eaton  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 24  
 year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1941 to Sept. 24, 1941  
 that I last saw him alive on Sept. 24, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Crushed chest & puncture lung. 6 hours  
Fracture 3rd lumbar vertebra 6 hours

Due to Ran over by wagon

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

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

Major findings: Of operations \_\_\_\_\_

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

\_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept. 24, 1941

(c) Where did injury occur? Cornell Farm, Jefferson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm.

While at work? yes (Specify type of place) (e) Means of injury Run over by wagon

23. Signature Mark W. Infirmary (M. D. or other) H.D.

Address DeSoto Mo. Date signed 9/26/41

Duration  
6 hours  
6 hours  
 PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

*1750*

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

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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 .....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Lee M. W. Thushac*

Licensed Embalmer No. *3531*

P. O. Address *Desoto m*

**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.**