

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 34247
 Registrar's No. 68

Registration District No. 50

Primary Registration District No. 5074

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town mt. Pleasant, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Chara Antoinette 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 Henry Wagner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 1 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>20</u>	hr. min.

9. Birthplace W. Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Joseph Linsman

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

14. Maiden name not known

15. Birthplace ?
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nettie Wagner

(b) Address Bates Mo

17. (a) Burial (b) Date thereof Oct 23 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wick Hill

18. (a) Signature of funeral director Culver

(b) Address Bates Mo

19. (a) Oct 23 41 (b) Thos L Culver
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. mt Pleasant Twp.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
 year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 20th 1941 to Oct 21st 1941
 that I last saw her alive on Oct 21st
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Cerebral hemorrhage

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 830
 Of operations _____
 Of autopsy _____

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 D
 23. Signature W D LaHue (M. D. or other) mod
 Address Bates, Mo Date signed 10/24/41

RECEIVED

District Health Officer No. 7,

DATE RECEIVED 11-41-1912

BY 11-14-41

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 B. Denton Lisle.....

Licensed Embalmer No. 4123.....

P. O. Address Butler, 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.