

FILLED NOV 28 1941

3039

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1617 West Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 West Third
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Minnietta Wagner
3. (b) If veteran, name war none
3. (c) Social Security No. none

20. DATE OF DEATH: Month November day 10
year 1941 hour 10 minute 307 M.
I hereby certify that I attended the deceased from February 20, 1940 to November 9, 1941
that I last saw him alive on November 9, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Wagner
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 24 1885
(Month) (Day) (Year)

Immediate cause of death Leukemia of the bone Duration _____
Leucinaemia of the bone
Leucinaemia of the bone

8. AGE: Years 53 Months 4 Days 17
If less than one day hr. _____ min. _____

Due to Initial lesion, uterine cancer
Due to metastasis to stomach
Leukemia of the bone
Other conditions Strabismic, Columbia
(Include pregnancy within 3 months of death)
Missouri

9. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: Leucinaemia uterine
Of operation as per laboratory report
If autopsy dated March 2, 1940
No autopsy

MOTHER FATHER
11. Industry or business _____
12. Name John Pegg
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Brandt
15. Birthplace unknown
(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) No
(b) Date of occurrence dependent
(c) Where did injury occur? no injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury

16. (a) Informant Harry Wagner (husband)
(b) Address 1617 West Third
17. (a) Burial (b) Date thereof Nov 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

While at work _____ (Specify type of place)
(d) Means of injury _____
23. Signature E. P. Grader (M. D. or other) _____
Address Sedalia, Mo. Date signed 11/11/41

18. (a) Signature of general director Huane Curry
(b) Address Sedalia, Missouri
19. (a) 1-11-41 (b) Wm. Harry Sneed
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed -----

Dr. Boger
was 5th St.

RECEIVED
District Health Officer No. 8,
District File Number -----
Date Filed -----
11-24-11

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. *3020*

P. O. Address. *Seaside 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, fact should be so stated above.