

JAN 16 1942

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Wagner

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

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: October 13th 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Phelps County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Henry Wagner

13. Birthplace Phelps County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Hupah

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

16. (a) Informant Carrie Anne Wagner

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof 12-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Joe Clark

(b) Address Rolla Funeral Home, Rolla, Mo

19. (a) 12-13-41 (b) Joe F. Myers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Tenth
year 1941 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Killed in wreck auto
hit by passenger train

Due to #7
killed at 6th St

Due to crossing in
Rolla, Mo

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: Accident

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

(b) Date of occurrence December 10th 1941

(c) Where did injury occur? Rolla Phelps Mo.
(City or town) (Country) (State)

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

While at work? No (Specify type of place) _____ (e) Means of injury Train-Auto

23. Signature P. S. Niles (M.D. or D.V.M.)
Address Rolla, Mo. 12-13-41 Day signed _____

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

MOTHER FATHER

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..... *Lou H. Clark*
Licensed Embalmer No..... *#216*
P. O. Address..... *Rolla, 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.