

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42726
State File No.
Registrar's No. 165

JAN 7 1941

Registration District No. 77

Primary Registration District No. 4403

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps #1
(c) City or town Rural
(d) Street No. Southeast of Rolla
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Henry Wagner
(b) If veteran, name war War 1917-18
(c) Social Security No.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara Wagner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 18 1892.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Killed by wreck auto hit by train #37
Due to accident at 6th St crossing in Rolla

8. AGE: Years 49 Months 3 Days 22
If less than one day hr. min.

Due to
Other conditions
Major findings: Crushed skull and other bodily injuries
Of autopsy

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

10. Usual occupation Farmer
11. Industry or business General Farming.

MOTHER FATHER {
12. Name Fredrick Wagner
13. Birthplace Unknown Illinois
14. Maiden name Mary Dewing
15. Birthplace Unknown Germany

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence December 10th 1941
(c) Where did injury occur? Rolla Phelps Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

16. (a) Informant Coris Anne Wagner
(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof 12-14-41
(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Gen Clark
(b) Address Rolla Funeral Home, Rolla, Mo

23. Signature P. S. Null 3 Coroner.
Address Rolla, Mo 12-13-41 Date signed

19. (a) 12-13-41 (b) Jos. F. Ayers

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

JAN 2 1942

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 Loe A Clark
Licensed Embalmer No. 4216
P. O. Address Roller 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, fact should be so stated above.