

FILED FEB 11 1942

State File No. _____

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Research Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 23 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5414 E. 23rd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dewey Lloyd Wagner

3. (b) If veteran, name war Pvt. SATC 3. (c) Social Security No. 487-10-4070

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby Wagner 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 22 1898
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>26</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Gravette Ark
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Faeth Co. Who. Hardware

MOTHER FATHER
 12. Name Jess Wagner
 13. Birthplace Texas
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrie Rude
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Don F. Wagner

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof Jan. 20
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Samuel F. Hunt

(b) Address 8714 94th St., N. E. N.

19. (a) 1/13/42 (b) M. M. Crane
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1942 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1942, to March 11, 1941, 1941.
 that I last saw him alive on Jan 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute coronary thrombosis
Coronary sclerosis

Other conditions glauc
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Occlusion of coronary artery
artery

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 _____

23. Signature D. Shapard (M. D. or other) MD
 Address 615 E. 23rd St. Date signed 1-18-42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Jan 13 1942

ME

Professional Embalmer

No 1310

FEB 13 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:.....

Licensed Embalmer No.....

P. O. Address.....

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.