

FILED MAR 13 1942  
Registration District No. **1623**

Primary Registration District No. **4095**

1. PLACE OF DEATH  
(a) County **Cedar**  
(b) City or town **El Dorado, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**Conservation Home #4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community **6 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Vernon**  
(c) City or town **Stotesbury**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Street not named**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Ann Wagner**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **10**  
year **1942** hour **11** minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from **Feb 10**  
**(one week)**, 1942 to **Feb 10**, 1942  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Ira Wagner**  
6. (c) Age of husband or wife if alive **deceased**  
7. Birth date of deceased **Aug 26, 1863**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **g3a**

8. AGE: Years **78** Months **5** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Hardins Co. Ky.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housekeeper**  
11. Industry or business **at home**

MOTHER FATHER { 12. Name **General Wayne Lamson**  
13. Birthplace **unknown Ky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Jane Popham**  
15. Birthplace **unknown Ky.**  
(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) \_\_\_\_\_  
(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 **L. V. D. ...** (M.D. or other) **M.D.**  
Address **El Dorado, Mo.** Date signed **2/11/42**

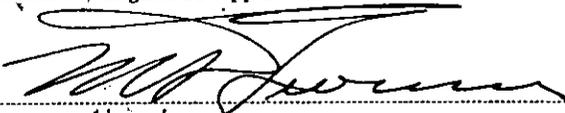
16. (a) Informant **Fred Wagner**  
(b) Address **Stotesbury, Mo**  
17. (a) **Burial** (b) Date thereof **2/12/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **East Liberty Cemetery Stotesbury, Mo**  
18. (a) Signature of funeral director **Ferry Funeral Home**  
(b) Address **Stotesbury, Mo**  
19. (a) **Feb 14, 1942** (b) **L. V. D. ...**  
(Date received local registrar) (Registrar's signature)

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

**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. 2034

P. O. Address Edwards Bldg. 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.**