

FILED APR 6 1942
Registration District No. **693**

Primary Registration District No. **4415-**

Registrar's No. **# 5**

1. PLACE OF DEATH: *Platte*

(a) County *Platte*

(b) City or town *Edgerton Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *None*
(Specify whether years, months or days)

In this community *87 years*
(Specify whether years, months or days)

3. (a) PRINT FULL NAME *Missouri E. Wagle*

3. (b) If veteran, name war. *None*

3. (c) Social Security No. *no*

4. Sex *female* 5. Color or race *white*

6. (a) Name of husband or wife *Henry Wagle*

6. (b) Age of husband or wife if alive *deceased* years

7. Birth date of deceased *Oct 14 - 1854*
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<i>87</i>	<i>5</i>	<i>1</i>	hr. min.

9. Birthplace *Weston - Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *house keeping*

11. Industry or business *None*

12. Name *Michael Snyder*

13. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

14. Maiden name *Unknown*

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

16. (a) Informant *Ernie Wagle*

(b) Address *Edgerton Mo.*

17. (a) *Burial* (b) Date thereof *Mar. 16 42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Union Mill cemetery*

18. (a) Signature of funeral director *William Davis*

(b) Address *Dearborn Mo.*

19. (a) *Mar 16* (b) *Mrs Clay Hiffes*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Platte* & *83*

(c) City or town *Edgerton Mo.*
(If outside city or town limits, write "RURAL")

(d) Street No. *✓*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? *✓* *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *15th*
year *1942* hour *3* minute *29 A.M.*

21. I hereby certify that I attended the deceased from *Oct 15th*, 19*42*, to *March 15*, 19*42*, that I last saw her alive on *March 12*, 19*42*, and that death occurred on the date and hour stated above.

Immediate cause of death *myocarditis (Chronic)*

Due to _____

Due to _____

Other conditions - *938*
(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:
(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 *W. J. Dubois* (M. D. or other) _____

Address *Dearborn Mo* Date signed *3-16-42*

Duration

10 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10590

1209

