

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 10 1942

Registration District No. 82e 1

Primary Registration District No. 6132

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Forsyth Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Swain 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 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Forsyth MO.
(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 Adelphi Wagar
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3/10 day _____
year 1942 hour 4 # minute A.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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4th 1883
(Month) (Day) (Year)

Immediate cause of death _____
Labor Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 59 Months 7 Days 6 If less than one day _____ hr. _____ min.

Duration 10 days

9. Birthplace North unknown (City, town, or county) (State or foreign country)

10. Usual occupation Day Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
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)

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? _____

16. (a) Informant Eva Wagar
(b) Address Forsyth Missouri

17. (a) Burial (b) Date thereof 3/12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Snapp
18. (a) Signature of funeral director J. A. Burpitts
(b) Address Forsyth Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.
108

19. (a) 3-12-42 (b) Madeline D...
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Forsyth Mo Date signed 3-14/42

1107

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

106
6

RECEIVED

District Health Officer No. 6,

District File Number 442-474

Date Filed APR 9 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. 2886

P. O. Address Forsyth, MD

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.