

U. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

14754

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 5 4 18 42

Registration District No. 487

Primary Registration District No. 4277

Registrar's No. 20

54
4
6

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 209 Wells St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 73 yrs.

In this community _____ (Specify whether years, months or days) 73 yrs.

3. (a) PRINT FULL NAME Good Wagner

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Wagner

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 6 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Sluttgart GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Kasper Wagner

13. Birthplace Sluttgart GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name Kramer

15. Birthplace Sluttgart GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche H. Park

(b) Address 2377 69th St. Kansas City

17. (a) Burial (b) Date thereof 4 12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo.

18. (a) Signature of funeral director: Blanche H. Park

(b) Address Odessa Mo.

19. (a) 4-11-42 (b) Mrs W. J. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa (If outside city or town limits, write "RURAL")

(d) Street No. 209 Wells St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 yrs. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 3 pm minute _____ M.

21. I hereby certify that I attended the deceased from April 6
1942 to April 10 1942
that I last saw him alive on April 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to 4301

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy no autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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. E. Martin MD (M. D. or other) D

Address Odessa Mo Date signed 4/11/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-4-42

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 B. C. Blinco

Licensed Embalmer No. 1836

P. O. Address Oden, Mo.

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, above space should be left blank.