

FILED AUG 10 1942

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 177

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

1. PLACE OF DEATH:

(a) County Jackson (City) Independence

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

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Rural - 3 mi east Blue Jay Rd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 1 years.

3. (a) PRINT FULL NAME: Elizabeth WAGNER

3. (b) If veteran, name war: no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 7 minute 15 P.

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

6. (b) Name of husband or wife John F. Wagner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 9 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27 1942 to July 3 1942 that I last saw her alive on July 3 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 0 Days 24 If less than one day hr. min.

Immediate cause of death: Septargic Encephalitis Duration 2 weeks

9. Birthplace Rapid River Mich
(City, town, or county) (State or foreign country)

Due to Endemic

Due to _____

10. Usual occupation housewife

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

Major findings: 27c

Of operations _____

Of autopsy _____

11. Industry or business at home

12. Name Patrick Birmingham

13. Birthplace re record 4
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John F. Wagner

(b) Address #3 Blue Jay Rd

17. (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington Cm

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Leo C. Olson

(b) Address Independence, Mo

19. (a) 7-6-1942 (b) J. J. Concutt
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Allen (M. D. or other) MD

Address Independence, MO Date signed 7-4-42

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

James Beech

Licensed Embalmer No.

2467

P. O. Address

Indy 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, fact should be so stated above.