S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30473

Registration District No. 141 — Primary Registration District No. 3025 — Registrar's No. 97

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: West Plains Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mos. 9 days (Specify whether In this community 4 months 9 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town RURAL (South Fork Twp.) 0 (If outside city or town limits, write "RURAL")

(d) Street No. West Plains, Mo. Lebo Rt. 0 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Glen Lee Wagoner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 25, (Day) 1924 (Year)

8. AGE: Years 18 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Redfield, (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Wagoner
13. Birthplace Hutton Valley, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bertha Bridges
15. Birthplace Polk County, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Charles Wagoner.

(b) Address West Plains, Mo., Lebo Rt.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 29, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation State Line Cemetery, Arkansas.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) 9-1-42 (Date received local registrar) (b) Neil I Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1942 hour 7: minute 25 a. M.

21. I hereby certify that I attended the deceased from April 19, 1942 to 8/28, 1942 that I last saw him alive on 8/28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septic Pericarditis	4 Mo
Due to: Acute Rheumatism	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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) ✓

(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? X (e) Means of injury

23. Signature Maurice Thompson (M. D. or other) MD

Address West Plains Date signed 9/1/42

11 20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1042908
Date Filed 10-7-42

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.