

FILED DEC 12 1942

Registration District No. 17

Primary Registration District No. 5029

Registrar's No. 40

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

003

1. PLACE OF DEATH:

(a) County Atchison

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

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

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

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

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Wagner

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Wagner 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 13th 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>1</u>	hr. min.

9. Birthplace Atchison Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer by the day

11. Industry or business

12. Name Joseph Wagner

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

14. Maiden name Anna Martha Walter

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

16. (a) Informant Ella Wagner

(b) Address Blanchard, Iowa

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

(c) Place: burial or cremation London Cemetery

18. (a) Signature of funeral director

(b) Address Westboro, Missouri

19. (a) Nov 19/42 (b) Miss Hannel Meitz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th year 2 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from November 9 1942 to Nov 14 1942 that I last saw him alive on November 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

Due to

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 5 Days

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm C Miller (M. D. or other) 200

Address College Springs Ia Date signed 11/16/42

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.....

Scott Tucker....., Registered Apprentice No.....
working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.