

S. No. 2
1-9-4-41
5-17-30
1-1-22-34

14631

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 11 1943

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Olevia Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Wagner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Katie Bolle 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 29 - 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Farming

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Wesley Wagner
(b) Address R.R. 1 De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-43
(Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director: John Wagner
(b) Address De Soto, Mo.
19. (a) 4-22-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour _____ minute 15

21. I hereby certify that I attended the deceased from April 4-22 to 4-22 that I last saw alive on 4-21 and that death occurred on the date and hour stated above.

Immediate cause of death hypertrophy of prostate
the nephritis

Duration
3
7

Due to _____
Due to Serum 1318
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings:
Of operations _____
Of autopsy _____

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 Chas. E. Fallett (M. D. or other) _____
Address De Soto, Mo. Date signed 4/23/43

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

50
22

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.....
.....
working under my personal supervision.

Signed

J. E. Watershead

Registered Apprentice No.....

Licensed Embalmer No. 3531

P. O. Address Elm St. Me.

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.