

FILED AUG 14 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2708 Jarboe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2708 Jarboe
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS. AGNES WAGNER

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elmer 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 16, 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 27 hr. 16 min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Robert D. Ogan

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

14. Maiden name Mary E. Roach

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

16. (a) Informant Elmer Wagner

(b) Address 2708 Jarboe

17. (a) Burial (b) Date thereof 8/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk and Olan

(b) Address 20 West Linwood Blvd.

19. (a) 8-4-48 (b) P.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Second
year 1948 hour 10: minute 10 P.M.

21. I hereby certify that I attended the deceased from January 19 1941 to August 2 1948
(that I last saw her alive on July 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Right Breast Primarily

Due to Metastasis in bones of skull and face, eyes, & humerally over body

Due to 50

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

6 years

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) (c) Means of injury.....

23. Signature John L. Lapp (M. D. or other) M.D.
Address 11314 Professional Bldg Date signed Aug 4, 48

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

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.....

Charles M. Quirk

Licensed Embalmer No.....

3774

P. O. Address.....

K. C. 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.