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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 11 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Walsh  
State File No. 359

Registrar's No. 1022

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Years  
In this community 36 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2375 N. Summitt  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Wagner  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 16  
year 1943 hour 4 minute 55 p.m.

4. Sex Male  
5. Color or race White  
6. (g) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Anna Wagner  
(c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased May 3 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-16, 1943 to Dec 16, 1943; that I last saw him alive on Dec 16, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 6 Months 7 Days 13 If less than one day hr. min.

Immediate cause of death Fracture of Right Leg  
Due to Arterio-sclerosis  
Duration 3 mo.

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

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Wagner  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof Dec. 18, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary

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) Cause of injury \_\_\_\_\_

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 12-18-43 (b) D. W. Handley  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.  
Address Springfield, Mo. Date signed 12-17-43

984

(Licensed Embalmer's Statement on Reverse Side)

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**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... *Keith Collier* .....

Licensed Embalmer No. *3632* .....

P. O. Address *Springfield 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.**

*X*