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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944 74

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5935

11750

State File No.

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (rural) Sedalia

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

(c) Name of hospital or institution: Rural Route # 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 44 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80 0

(c) City or town Sedalia (rural) 0

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

(d) Street No. Route # 3

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Matilda Wagle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Jasper S. Wagle

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

7. Birth date of deceased November (Month) 17th. (Day) 1850 (Year)

8. AGE:

Years	Months	Days	If less than one day
93	3	14	hr. min.

9. Birthplace Gilmore Springs (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name John Gilmore

13. Birthplace ST CHARLES COUNTY, Mo. (City, town, or county) (State or foreign country) 0

MOTHER

14. Maiden name Martha Collins

15. Birthplace RUTHERFORD COUNTY, N.C. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Charles E. Cole

(b) Address Sedalia, Mo. RFD # 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 3-3-1944 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st. year 1944 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 16 1943 19 to March 1st 1944

that I last saw her alive on March 1 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac infarction Coronary, Duration 4 days

Due to Arterio Sclerosis hypertension Senility

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations No operation

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury (Specify type of place)

While at work (e) Means of injury

23. Signature C. B. Frader (M. D. or other)

Address Sedalia Mo Date signed 3/3/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-44

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.