

FILED AUG 9 1944

State File No. _____
Registrar's No. 3104

Registration District No. _____ Primary Registration District No. 1002

18368

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: St. Lukes
(d) Length of stay: In hospital or institution 3 mo.
In this community 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 989
(c) City or town Junction City (If outside city or town limits, write "RURAL") 14
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 2

3. (a) PRINT FULL NAME Mrs. Serena Wagenseller
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1944 hour 8 minute 50 A. M.
21. I hereby certify that I attended the deceased from 5/28
1944 to 7-28 1944
that I last saw her alive on 7/28 1944
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race wh.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Clarence E. Wagenseller (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: 12-25-1885
(Month) (Day) (Year)

Immediate cause of death: Barcinomatous
Duration 4 mo.

8. AGE: Years 58 Months 2 Days 3
If less than one day _____ hr. _____ min.

Due to Barcinoma of the Ovary
Due to _____

9. Birthplace Junction City, Florida
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

Other conditions (Include pregnancy within 3 months of death) 490

MOTHER FATHER
11. Industry or business _____
12. Name Henry H. Mead
13. Birthplace Not known
14. Maiden name Not known
15. Birthplace Not known

PHYSICIAN
Major findings: Same as above
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marie Rankin
(b) Address Denver, Colorado
17. (a) Removal (b) Date thereof 7-28-1944
(c) Place: burial or cremation Junction City, Mo.
18. (a) Signature of funeral director H. C. Brown
(b) Address 15.00
19. (a) 7-28-44 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

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 Wm. V. Lewis, M.D. (M. D. or other)
Address 1149 N. 15th St., K.C., Mo. Date signed 7/29/44

DEC 22 1948

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.....

Phil C. Gibson

Licensed Embalmer No. *3135*

P. O. Address..... *1500 5th St*

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.