

FILED OCT 29 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4181

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

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 4 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME H. B. Wagoner

(b) If veteran, name war no Social Security No. none

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Elizabeth Jane Wagoner

(c) Age of husband or wife if alive 80 years

7. Birth date of deceased Apr. 6 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Lafayette Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired

12. Name Wm Wagoner

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Mr. Burg Wagoner

(b) Address Odessa, Mo.

17. (a) Removal (b) Date thereof 10/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director P. E. Brown

(b) Address Odessa, Mo.

19. (a) 10-17-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa 54  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 1944  
year 1944 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from Oct. 14  
1944 to Oct. 17 1944  
that I last saw him alive on Oct. 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death terminal pneumonia

Due to Hypostatic Congestion

Due to 462

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of colon  
Of operations metastasis to liver + perforated cecum.  
Of autopsy same as above

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)  
(e) Means of injury 0

23. Signatures Lorraine Schult (M, D or other) \_\_\_\_\_  
Address Research Hosp. Date signed 10-17-44

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

48338

**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 George P. Heisman  
Licensed Embalmer No. 7571  
P. O. Address Oakton, Va

**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.**