

FILED DEC 11 1944

Registration District No. 243

Primary Registration District No. 5833

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Newton
(b) City or town rural Newlonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town rural 0
(If outside city or town limits, write "RURAL") 1
(d) Street No. Stark City, Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Wagoner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Addie Wagoner 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 16 1889
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Wagoner
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mariala Shaw
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Wagoner

(b) Address Stark City, Missouri

17. (a) burial (b) Date thereof NOV. 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corsicana Cem.

18. (a) Signature of funeral director Wm. M. Pope

(b) Address Wagoner, Mo.

19. (a) 12-4-1944 (b) Alpha P. Hale Dejes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1944 to Nov. 13 1944
that I last saw him alive on Nov. 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 458

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature J. H. Edmondson (M. D. or other) _____
Address Stark City, Mo. Date signed 11/17/44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1300

RECEIVED DEC 7 1944
District Health Officer No. 1144-238
District File Number
Date Filed DEC 7 1944

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

Wm Morris Cozart

Licensed Embalmer No.

8442

P. O. Address

Wheaton, 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.