

FILED DEC 27 1944  
128

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**863 N. Campbell** /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **37** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **29**  
(c) City or town **Springfield,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **863 N. Campbell**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sarah Jemima Wagner**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Peter Franklin Wagner** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **January 26, 1856**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Ballard County, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business \_\_\_\_\_

12. Name **Hiram Hughes**

13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary U.N.H.**

15. Birthplace **U.N.H. U.N.H.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. B. Reedy**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **12/9/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-8-44** (b) **S. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7,**  
year **1944** hour **10 A.** M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **9, 8, 44** 19 to **12, 7, 1944** 19;  
that I last saw her alive on **12, 6, 1944** 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chronic** 3 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_

23. Signature **J. M. Murch** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **12, 8,**

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

39  
2  
6

**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..... *Lewis G. Schepf* .....

Licensed Embalmer No. *3902* .....

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*