No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41359

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 57 83

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL KANSAS CITY - WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9126 WALNUT STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- 1 (Specify whether
In this community 22 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 9126 WALNUT STREET
(If rural, give location)

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

If yes, name country ---- 1

3. (a) PRINT FULL NAME MR GEORGE H. WAGNER

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-09-9723

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife JESSIE WAGNER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JANUARY (Month) 31 (Day) 1877 (Year)

8. AGE: Years 67 Months 10 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation CARPENTER

11. Industry or business J. C. NICHOLS COMPANY

FATHER
12. Name FRED WAGNER
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name SOPHIA MISKE
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Floyd W. Wagner
(b) Address 1224 Linwood Blvd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27 1944 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12/28/44 (Date received local registrar) (b) W. Lindsey & Son Inc. (Registrar's signature)

Dr. Annie G. Hedges

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24TH year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1944 to Coroner, 19__;
that I last saw h__ alive on__, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Senility & arteriosclerosis	
Due to	
Other conditions none (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations none
History & Inspection
Of autopsy no autopsy

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) not accident

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature P. H. Owens (M. D. or ~~other~~) U

Address Kans. Mo. Date signed 12/25/44

(Licensed Embalmer's Statement on Reverse Side)

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 E. Oscar Fortney

Licensed Embalmer No. 1767

P. O. Address Kansas City,

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.