

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6838

State File No.

Registration District No. 273

Primary Registration District No. 5916

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural, Ainslie, Hannes, Tipp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Biehle, R. #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Anton Wagner

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Mary M. Renner 6. (c) Age of husband or wife if
alive 74 years
7. Birth date of deceased February 5, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 22 hr. _____ min. _____
If less than one day

9. Birthplace Cape Girardeau County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Philip Wagner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Sawyer,
(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 3-3-1945
(Burial, cremation, or other) (Month) (Day) (Year)

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

18. (c) Signature of funeral director Ben Imbuhl, Home

(b) Address Perryville, Mo.

19. (a) 3-1-45 (b) Phot. Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mrs. (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street Biehle, R. #1.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day Feb
year 1945 hour 11-00 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death heart attack Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 3

23. Signature M. V. Williams (As to other) _____

Address Perryville, Mo. Date signed 2-27-45

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

RECEIVED

District Health Officer No. 4

District File Number 345-296

Date Filed 3-5-45

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.....

Albert Bay
Licensed Embalmer No. 3866

P. O. Address Perryville, 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.