

S. No. 2
A-9-4-41
7-5-17-39
I X29484

FILED NOV 10 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. _____

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 - 1M - 18d
In this community 24 - 1M - 18d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln

(c) City or town Moscow Mills, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Martin Wagner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th year 1945 hour 11:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3-1 1945 to 10-19 1945
that I last saw him alive on 10-19 1945
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race W

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

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

7. Birth date of deceased: Dec. 26 1900
(Month) (Day) (Year)

Immediate cause of death Paresis

Duration Yrs

8. AGE: Years 44 Months 9 Days 23 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Moscow Mills, Mo. (City, town, or county) (State or foreign country)

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

Major findings: _____

10. Usual occupation Welder

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Wagner

13. Birthplace Fulton, Ill. (City, town, or county) (State or foreign country)

14. Maiden name Bena Baker

15. Birthplace St. Peters, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/20/45
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Ballade Funeral Home

(b) Address Fulton, Mo. (P.C. Browning, mgr)

19. (a) 10-20-1945 (Date received local registrar) (b) Jose Masada (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (2) Means of injury _____

23. Signature J. B. Stokes (M. D. or other) M.D.

Address Fulton Date signed 10-20-45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

11-9-45

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

Ronald E. Browning

Licensed Embalmer No. _____

2724

P. O. Address _____

Fulton, Md

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.