

FILED NOV 6 1945

Registration District No. 287

Primary Registration District No. 5208

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hale Rural Henderson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 12 Mile south Hale Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Hale Missouri Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Ralph Bernard Wagoner

(b) If veteran, name war ✓

(c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1945 hour 4 minute PM

4. Sex M U 5. Color or race W

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 8 1930
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 24 1945, to Sept 28 1945, that I last saw him alive on Sept 28 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 15 Months 2 Days 20
If less than one day hr. min.

Immediate cause of death Cancer of stomach Duration 18 mo

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

Due to _____

Due to _____

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

10. Usual occupation Student

Major findings: Of operations 40%

Of autopsy _____

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

11. Industry or business same

12. Name John Bernard Wagoner

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

14. Maiden name Raphenia Humphries

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

16. (a) Informant John B Wagoner

(b) Address Hale Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9/30/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Boyard, Mo

(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? _____

18. (a) Signature of funeral director Clifford W. Strickland

(b) Address 1003 E. 3rd St. Hale, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) Oct. 9 (b) Mrs. Rex Henderson
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Alvin A. West (M. D. or other) D.O.

Address Hale, Mo Date signed 10-1-45

1418

MAR 25 1949

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.....

Clifford W. Austin

Licensed Embalmer No.....

3233

P. O. Address.....

Tina Missouri

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.