

FILED OCT 23 1945
Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Allen Convalescent Home 4
(If not in hospital or institution, write street number and location)
24 days

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

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

(d) Street No. 10808 E 23rd Street
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN T WAGNOR

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1945 hour 4 minute 30P. M.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Wagner

6. (c) Age of husband or wife if alive _____ years
December 28 1874

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 6 1945 to Sept 26 1945
that I last saw him alive on Sept 11 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 8 26 hr. _____ min.

Immediate cause of death
Respiratory failure

9. Birthplace Wisconsin (State or foreign country)

10. Usual occupation Retired custodian

Due to Brain Cancer

Due to Chronic metastasis

11. Industry or business K.C. School Board

12. Name Thomas Wagner

13. Birthplace Germany 41 (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Swarmy bone mass
Of operations Chronic metastasis

Of autopsy _____

16. (a) Informant John T Wagner Jr.

(b) Address 10808 E 23rd Street

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-28-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery
Geo. C. Carson Funeral Home

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Independence Missouri

(b) Address _____

19. (a) 9-28-45 (Date received local registrar)

(b) James W. Ross (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? _____ (Specify type of place)

Means of injury _____

23. Signature James W. Ross (M. D. number) _____

Address Independence Mo Date signed 9-28-45

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

8
4
4

1163

APR 30 1986

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 *George J. Jansen*

Licensed Embalmer No. *2249*

P. O. Address *Independence 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.