S. No. 2
M—5-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40311

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4998

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 19 days (Specify whether years, months or days)
In this community 61 years

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City. 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 916 Valentine Road 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MRS. CARRIE VOLKER WAGNER
3. (b) If veteran, name war: XX
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John W. Wagner
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: June (Month) 14 (Day) 1862 (Year)

8. AGE: Years 83 Months 5 Days 19 If less than one day hr. min.

9. Birthplace: Province Hanover (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Frederick Volker
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Dorothea Busche
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant: John W. Wagner
(b) Address: 916 Valentine Road
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof: Dec. 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Abbey
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 12-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1945 hour 3: minute 10 A. M.
21. I hereby certify that I attended the deceased from 5-27-45, 19, to 12/3 45, 19, that I last saw h. alive on 12/2 45, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Myocarditis — Duration 3 yrs
Due to: 93 d
Due to:
Other conditions (Include pregnancy within 3 months of death): Hypothyroidism — 3 yrs
Major findings of operations: Legal Sterilization at age
Of autopsy: Sub-Thyroid Goitre

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)
(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 0
23. Signature: [illegible] (M. D. or other) Date signed 12/4/45
Address: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Proof Tech
VI - 4238

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 Alvin R Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.