S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40699

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 380

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. Bain Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KENITH ORVILLE WAGNER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Wagner
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased November (Month) 23 (Day) 1902 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 43 | 1 | 2 | hr. min. |

9. Birthplace Dexter (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business
MOTHER FATHER
12. Name Henry Elsworth Wagner
13. Birthplace Polk Co. (City, town, or county) Illinois (State or foreign country)
14. Maiden name Nellie Vanbibber
15. Birthplace Polk Co. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Edith Wagner
(b) Address Dexter, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.
19. (a) 1-6-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Dec. 24, 1945 to Dec. 30, 1945 that I last saw h alive on Dec. 30, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Hemorrhage | 1 da |
| Due to Ruptured Pulmonary vessel | 1 da |
| Due to Aneurysm | ? |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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? (c) Means of injury
23. Signature [illegible] (M. D. or other)
Address Poplar Bluff, Mo. Date signed 1/4/46

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

1422

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 146-82
Date Filed 1-10-46

JUN 4 1946

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.**