S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1840

Registration District No. 14

Primary Registration District No. 100.2

Registrar's No. 200

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: 3422 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 22 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3422 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MRS. HAZEL ELSIE WAGNER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. DELL BARTLETT WAGNER
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased AUGUST (Month) 26 (Day) 1905 (Year)

8. AGE: Years 40 Months 4 Days 16/15 If less than one day ____ hr. ____ min.

9. Birthplace LIBERTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name A. D. BOGGESS
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SARAH FRANCES CLARK
15. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. DELL BARTLETT WAGNER
(b) Address 3422 VIRGINIA AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 14 1946
(c) Place: burial or cremation FAIRVIEW (Name of cemetery) LIBERTY MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 11TH year 1946 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from May, 1944 to Jan 11, 1946 that I last saw her alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer	
Due to Brain	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy NO

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

23. Signature E. H. Kinney (M. D. or other) Leo D.
Address 1527 Prof. Bldg. KCMO Date signed 1/13/46

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C., 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.