

FILED FEB 15 1946
Registration District No. *28er*

Primary Registration District No. *6-9-6-8*

Registrar's No. *29*

1. PLACE OF DEATH:

(a) County *Platte Co.*
(b) City or town *Rural Carroll Mo*
(c) Name of hospital or institution: */*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *44 yrs.*
In this community *44 yrs.*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Platte*
(c) City or town *Rural*
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? *No.* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Charles Thomas Wagle*

3. (b) If veteran, name war *No* 3. (c) Social Security No. *No.*

4. Sex *Male* 5. Color of race *White* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Anna Sherf Wagle* 6. (c) Age of husband or wife if alive *39* years

7. Birth date of deceased *Aug. 6 1901*
(Month) (Day) (Year)

8. AGE: Years *44* Months *3* Days *18* If less than one day hr. min.

9. Birthplace *Platte Co. Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business _____

12. Name *Henry Wagle*

13. Birthplace *Platte Co. Missouri*
(City, town, or county) (State or foreign country)

14. Maiden name *Agnes Sodeman*

15. Birthplace *Platte Co. Missouri*
(City, town, or county) (State or foreign country)

16. (a) Informant *Anna Wagle (Wife)*

(b) Address *Smithville Mo.*

17. (a) *Burial* (b) Date thereof *Nov. 26 1945*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Platte City Cem.*

18. (a) Signature of funeral director *Rollins Mitchell*

(b) Address *Platte City, Mo.*

19. (a) *12-3-45* (b) *Mrs. Opelia Rollins*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov.* day *24*
year *1945* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from *Oct. 25, 1945* to *Nov. 23, 1945*
that I last saw him alive on *Nov. 21, 1945*
and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of Pharynx*

Due to _____

Due to _____

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

Major findings: Of operations *458*

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature *[Signature]* (M. D. or other) *[Signature]*

Address *Smithville Mo* Date signed *12-3-45*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100750

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Francis M. Giffle

Licensed Embalmer No. *4393*

P. O. Address. *Platte 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.