. No. 2
1—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13412

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1927

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:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(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. 2707 E. 18th. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Belle Wagner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert Wagner (Deceased)

6. (c) Age of husband or wife if alive years

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

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Rebecca Stout
(b) Address Moresville, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rickenridge Mo.

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address Kansas City, Mo.

19. (a) 4-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1946 hour 12 minute 20A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Depaty Coroner Broncho pneumonia

Due to Fracture of Femur

Due to Injury by Fall

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 186a 5 18

Of autopsy History & Inspection

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-11-46

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature A. E. Asher (M. D. or other) M.D.

Address 2800 Main Date signed 4/25/46

(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 Chas E Wilds

Licensed Embalmer No. 2644

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.