

FILED MAY 9 1946
Registration District No. 86

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours
(Specify whether years, months or days)

In this community 66 Years

3. (a) PRINT FULL NAME JOHN NATHON WAGAMAN

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lora Elizabeth Wagaman

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

7. Birth date of deceased Aug 4 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

94 8 20 hr. min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Transfer Business

11. Industry or business

MOTHER FATHER

12. Name Salmon Wagaman

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

14. Maiden name Sara Jane Hale

15. Birthplace Unknown Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Wagaman

(b) Address 6102 Indiana, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) May 1 - 1946 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2244 Lawn 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th,
year 1946 hour 7 minute 30 P. M.

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

Immediate cause of death Deputy Coroner
Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy Inspection

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? _____

While at work _____ (Specify type of place)

23. Signature A. E. Upster (M. P. Seal)
Address 2800 Main Date 4/29/46

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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

Floyd C. Carson

Licensed Embalmer No.

4199

P. O. Address

Independence

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.