

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 28 1947
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
McCune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1002 Cedar St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Clifford Henry WAGNER

3. (b) If veteran, name war No

3. (c) Social Security No. 459-07-7963

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th.
year 1947 hour 3:30 minute P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura Wagner

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased August 19 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 5 1947
that I last saw him alive on Jan 6 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>16</u>	hr. min.

Immediate cause of death Coronary Myocarditis
15 yrs of Rheumatism

9. Birthplace Enid, Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Henry Wagner

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

14. Maiden name Minnie E. Poindexter

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

Major findings:
Of operations _____

Of autopsy 61

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

16. (a) Informant Mrs. Laura Wagner
(b) Address 1002 Cedar Carthage, Mo.

17. (a) Burial (b) Date thereof 1 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 1-8-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

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? 0

While at work (Specify type of place) _____ (2) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 1-7-47

(Licensed Embalmer's Statement on Reverse Side)

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

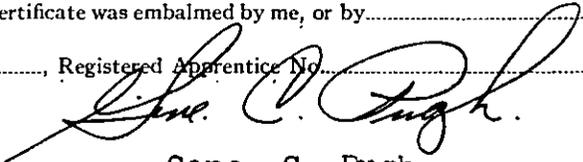
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47-1-4

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..... .....
Gene. C. Pugh.

Licensed Embalmer No..... 4231.....

P. O. Address..... Carthage, 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.