S. No. 2
1—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13196

Registration District No. 228 APR 22 1947

Primary Registration District No. 2000

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Baptist Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Minutes (Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 2375 N. Summit 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Joseph Wagner

3. (b) If veteran, name war No

3. (c) Social Security No. 497-30-4718

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Simgle 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 12 (Day) 1931 (Year)

8. AGE: Years 16 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John Raymond Wagner 9
13. Birthplace Unknown (City, town, or county) Unknown 1 (State or foreign country)

MOTHER
14. Maiden name Alice Thiel
15. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Herman L. Wagner
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-12-47 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 11 minute 40 A M.

21. I hereby certify that I attended the deceased from
No physician in attendance, 19 ; to
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture skull	
Crush of chest	
Due to: Run over by truck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident 133

(b) Date of occurrence April 9, 1947

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

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

While at work? Yes (e) Means of injury Truck

23. Signature Murray C Stone Coroner (M. D. or other) 3

Address Springfield, Mo Date signed 4-9-47

(Licensed Embalmer's Statement on Reverse Side)

111

MAY 1 1 1948

APR 23 1947

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 Roy H. Messer, Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield

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.