

FILED AUG 5 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3049

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: Lake Side Hosp. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 da. (Specify whether years, months or days)
 In this community 12 da.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Hazette 54
 (c) City or town Odessa (If outside city or town limits, write "RURAL")
 (d) Street No. 400 Main St. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nora 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 Widowed
 6. (b) Name of husband or wife Christain Wagner
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 29 1865
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18
 year 1947 hour 11:00 AM minute 55 M.
 21. I hereby certify that I attended the deceased from July 6 1947, to July 18 1947
 that I last saw her alive on July 18 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 3 19 hr. min.

Immediate cause of death Myocardial Failure
 Due to Mediastinal Maligency
 Due to Obstruction of Thoracic Duct
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Odessa (City, town, or county) Mo (State or foreign country)
 10. Usual occupation Housewife

Major findings: Of operations 478
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Johr. A. Prather 9
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Tennessee Johnson 9
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

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 2
 23. Signature A. Milazzo (M. D. or other) DC
 Address 1213 E. 29th Date signed 7/18/47

16. (a) Informant Mrs Carl Hartney
 (b) Address Kingroll Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Odessa Cem.
 18. (a) Signature of funeral director Benice & Sons
 (b) Address Gelmer, Mo
 19. (a) 7-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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

18
2
8

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 *Clifton R. Blincoe*
Licensed Embalmer No. *2945*
P. O. Address *Odessa 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.