

FILED DEC 12 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 4086

Registrar's No. 387

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Tina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home Tina, Missouri.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution all his life, (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME George Henry Wagy

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mae Wagy 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 9th 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 23 If less than one day  
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name Wm. Wagy,

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Lightle, 9  
(City, town, or county) (State or foreign country)

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mae Wagy,

(b) Address Tina, Missouri.

17. (a) Burial (b) Date thereof 12/4/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma,

18. (a) Signature of funeral director Clifford W. Austin,  
(b) Address Tina, Missouri.

19. (a) Dec. 4, 1947, Mrs Rex Henderson  
(Date received local registrar) (Registrar's signature) 119

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll 17  
(c) City or town Tina, 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd,  
year 1947 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1947, to Dec. 2, 1947  
that I last saw him alive on Dec. 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Left cerebral  
hemorrhage  
Due to hypertension,  
Due to \_\_\_\_\_

Duration

12 da.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations GI?  
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) \_\_\_\_\_  
(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 MI

23. Signature R. Hamilton Stator (M. D. or D.O.)  
Address Carrollton, Mo Date signed Dec 3 77

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-11-47

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 Clifford W. Austin  
Licensed Embalmer No. 3233  
P. O. Address Texas Missouri

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.