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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 1947

Registration District No. 457

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 38600

Registrar's No. 294

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
In this community: 7 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 300 N. Main St. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Kenneth Lee WAGNER
3. (b) If veteran, name war: No
3. (c) Social Security No.: 466-10-2292
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jewell Burkett Wagner
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: March (Month) 28, (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
35	7	21	hr. min.

9. Birthplace: Enid, (City, town, or county) Okla. (State or foreign country)
10. Usual occupation: Dairyman
11. Industry or business:
MOTHER FATHER
12. Name: Fred W. Wagner
13. Birthplace: McPherson, (City, town, or county) Kans. (State or foreign country)
14. Maiden name: Myrtle Poindexter
15. Birthplace: Salem, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Jewell B. Wagner
(b) Address: 300 N. Main Carthage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 11-22-1947 (Date received local registrar) (b) R. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th. year 1947 hour 7:42 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 16, 1947, to Nov. 19, 1947; that I last saw him alive on November 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalitis (non-epidemic)	2 days
Due to:	
Due to:	
Other conditions: Ulcer (practically healed) lumbar region, following application of cast for treatment of fractured vertebra one year ago.	

(Include pregnancy within 3 months of death)
~~Major findings~~ ~~Of operations~~:
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. Foster Whitten (M. D. ~~or other~~)
Address: Carthage, Mo. Date signed Nov 21, 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

47-11-886

MAR 3 1948

DEC 29 1947

DEC 1 1950

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 Marion Y. McCormick Registered Apprentice No. 17 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.