1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

Registration District No.

MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41164

Primary Registration District No. 3012

Registrar's No. 196

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Wyandotte 999
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 14
(d) Street No.: 1039 Lafayette (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Raymond W. Wagner
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 17 (Day) 1892 (Year)

8. AGE: Years 55 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Truck driver- mail
11. Industry or business: U. S. Post Office Dept.
12. Name (Father): Hiram J. Wagner
13. Birthplace (Father): -- (City, town, or county) Illinois (State or foreign country)
14. Maiden name (Mother): Mary Patton
15. Birthplace (Mother): Bolling Green (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Hospital records
(b) Address: Veterans Administration Hospital Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: Removed to: Kansas City, Kans.
18. (a) Signature of funeral director: E. V. Hope
(b) Address: HOPE FUNERAL HOME Excelsior Springs, Mo.
19. (a) 12/13/47 (Date received local registrar) (b) Caroline Hutchins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1947, to Dec. 12, 1947; that I last saw him alive on Dec. 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lung	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: As shown above

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? —
While at work? — (Specify type of place) (e) Means of injury:

23. Signature: A. A. Strong (M. D. or other) M. D.
Address: Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 12-12-47

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-24-47

JAN 25 1948

SEP 7 1951

SEP 7 1951

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 Thos U. Hope

Licensed Embalmer No. 3950

P. O. Address Ef Springs 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.