

Registration District No. 70 Primary Registration District No. 5280

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

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Lincoln Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Joseph F. Wagner
3. (b) If veteran, _____ 3. (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 11 - 1866
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

8. AGE: Years Months Days If less than one day
81 2 27 _____ hr. _____ min.

Due to Cerebral Hemorrhage
Due to _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo G

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings:
Of operations g3A
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Wagner 4

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Emily Vale

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ollie Hase

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 1-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul's Cemetery

18. (a) Signature of funeral director Fred J. Kable

(b) Address Kahoka Mo.

19. (a) 1-31-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Perry S. Barton (M. D. or other) Coroner

Address Kahoka, Mo. Date signed 1-9-48

FEB 6 1948

RECEIVED
District Health Officer No. 1
District No. 2-18-217
Date Filed FEB 3 1948

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..... *Fred J. Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kokota 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.