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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Garlin

FILED JAN 24 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 1920

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 603 N. Davis 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 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 603 N. Davis 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Wm. Jacob Wagner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. (Month) 30 (Day) 1867 (Year)

8. AGE: Years 80 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Cook Co. Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business farming

FATHER
12. Name Peter Wagner 1
13. Birthplace Germany (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Catharine Foeber 1
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Joseph Clester,
(b) Address Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Workman Chapel

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) Jan 14 48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 7170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 11 day
year 1948 hour 10 minute A M

21. I hereby certify that I attended the deceased from 12-31-47, 19 , to 1-8, 1948; that I last saw him alive on 1-8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Cue Xo

Due to Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. R. G. Garlin (M. D. or other) DO

Address Maryville, Mo Date signed 1/14/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.