

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **8390**
Registrar's No. **6**FILED MAR 26 1948
Registration District No. **5-425**Primary Registration District No. **5-425**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Boeuf Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **His residence**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Lifetime**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry Wageman**3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **-0-** 6. (c) Age of husband or wife if alive **-0-** years
7. Birth date of deceased **Dec. 6 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **0** If less than one day hr. min.9. Birthplace **Berger Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Farmer**11. Industry or business **Farming**12. Name **Unknown Wageman**13. Birthplace **Known Unknown**
(City, town, or county) (State or foreign country)14. Maiden name **Sophia Brand**15. Birthplace **Unknown Unknown n**
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Minnie Schenk**(b) Address **Bellevue, Iowa**17. (a) **Burial** (b) Date thereof **3/9/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Etlah, Missouri**18. (a) Signature of funeral director **Faust Blumie**(b) Address **Berger, Mo.**19. (a) **March 8 48** (b) **J. P. Lamm**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 Mile South of Berger, Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**
year **1948** hour **11** minute **00** P. M.21. I hereby certify that I attended the deceased from **March 3**, 19**48**, to **saw him only once**
that I last saw him alive on **March 6**, 19**48**
and that death occurred on the date and hour stated above.Immediate cause of death **Cardiovascular renal disease with uremia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **1917**Major findings: Of operations **no operation**Of autopsy **no autopsy**

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 **B. P. Lamm** (M. D. or other)Address **New Haven, Mo.** Date signed **3/8/48**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 23 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, ~~only~~
....., Registered Apprentice No.
working under my personal supervision.

Signed *Herman Blumer*

Licensed Embalmer No. *528*

P. O. Address *Bergen, 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.