S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8953

Registrar's No. 1221

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 mo. 20 days (Specify whether years, months or days)
In this community: 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. ELLA ~~SHERMAN~~ WAGNER
3. (b) If veteran, name war: xx no
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joseph C. Wagner
6. (c) Age of husband or wife if alive: xx years
7. Birth date of deceased: March (Month) 21 (Day) 1875 (Year)

8. AGE: Years 72 | Months 11 | Days 24 | If less than one day: hr. min.
9. Birthplace: Yates Center (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: William Shepherd
13. Birthplace: Pa. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Alice Dowdell
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. James Butler
(b) Address: Ada, Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 3-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15, year 1948 hour 7: minute 55 P. M.
21. I hereby certify that I attended the deceased from March 1, 1948 to March 15 1948 that I last saw him alive on March 13 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Arteriosclerotic heart disease	1 year
Due to: Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: — 93d
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? Means of injury: 0
23. Signature: J. Shurt Tolymier (M. D. or other) MD
Address: 1107 Grand Date signed 3-17-48
K.C. Mo.

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

Bryant Bq
VI - 7010

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 Alvin R. Hanuschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.