No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1948

Registration District No. 324

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11171

Primary Registration District No. 3072

Registrar's No. 15

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

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

3. (a) PRINT FULL NAME: Regine Carol Wagner
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
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: 1 (Month) 15 (Day) 1948 (Year)
8. AGE: Years | Months | Days | If less than one day: 2 hr. 50 min.
9. Birthplace: Marshall Mo (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER 12. Name: Herman Wagner Jr.
FATHER 13. Birthplace: Alma Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sweet Springs Mo.
MOTHER 15. Birthplace: Gladys Cathrine Gerken (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs John Gerken
(b) Address: Blackburn Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Blackburn Luth. Cem
18. (a) Signature of funeral director: C. G. Meinershagen
(b) Address: Blackburn Mo.
19. (a) Jan-18-1948 (Date received local registrar) (b) Sidney J. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 15 1948 to Jan. 15 1948 that I last saw her alive on Jan. 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth due to toxemia of pregnancy	
Due to: Baby born at 5:40 P.M. 1-15-48	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: E. Gerken M.D. (M. D. or other)
Address: Marshall, Mo. Date signed 1-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-2-48

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 Roy F. Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.