No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

15239

State File No. .....

Registration District No. 361 Primary Registration District No. 6228 Registrar's No. .....

1. PLACE OF DEATH:
(a) County Henry Vernon
(b) City or town Stotesbury Rural Henry Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richards Mo R F D #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 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry Vernon 108
(c) City or town Rural Stotesbury 0
(If outside city or town limits, write "RURAL")
(d) Street No. Richards Mo R F D #1 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Roy E Wagner
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race Wht
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Lucy Wagner
6. (c) Age of ~~husband or~~ wife if alive 53 years
7. Birth date of deceased Sept 12 (Month) - 1889 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	16	..... hr. ..... min.

9. Birthplace Stotesbury Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer & Stockman
11. Industry or business Own farm
FATHER
12. Name Robert Wagner
13. Birthplace dont know (City, town, or county) dont know (State or foreign country)
MOTHER
14. Maiden name Angelina Dunbar
15. Birthplace dont know (City, town, or county) dont know (State or foreign country)
16. (a) Informant W R Headrick
(b) Address Stotesbury Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Kaufman Cem Stotesbury Mo.
18. (a) Signature of funeral director A C Cheney
(b) Address H Scott Kansas
19. (a) May 4 1948 (Date received local registrar) (b) Mrs W. C. Graves (Registrar's signature) 400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 15, 1948, to April 28, 1948; that I last saw him alive on April 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hart Coronary Occlusion	10 hours
Due to Coronary Sclerosis	2 yrs
Due to Generalized Arteriosclerosis	2 yrs.
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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? ..... (e) Means of injury .....
23. Signature L Randles MAB (M. D. or other) MAB
Address H Scott Kansas Date signed 4/29-48

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

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

RECEIVED
District Health Officer No. 7,
District File Number 4-48-481
Date Filed 5-7-48

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 O N Chiesey

Licensed Embalmer No. 2613

P. O. Address 114 Scott Texarkana

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.

No. 2B
Y 3-45
21 X 43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31111

Registration District No. 361 Primary Registration District No. 6228 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Stotesbury Henry twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Vernon
(c) City or town Stotesbury
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roy E. Wagner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 13 1884 (Month) (Day) (Year)
8. AGE: Years 58 Months 7 Days 6 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 28 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.

	Duration
Immediate cause of death	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-15239