DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1948

Registration District No. 15

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25417

Primary Registration District No. ~~18~~ 3004

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: 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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

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

(d) Street No. 807 Broadway 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DONNA M. WAGNER

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 2

6. (b) Name of husband or wife E. E. Wagner

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 28 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	3	1	hr. min.

9. Birthplace Lothrope, (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mathew L. Forbes 9
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mary F. Montgomery
15. Birthplace Wapello County, (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant E. E. Wagner
(b) Address Lamar, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) AUG 31 1948 (Date received local registrar) (b) Marie Konantz (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 15-1947 ~~Aug 29~~ 1948, to Aug 29 1948
that I last saw her alive on Aug 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to Chronic Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3 D

Of autopsy 9 3

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?
~~Home~~ (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Ducrett (M. D. or other) MD

Address Lamar Mo Date signed Aug 31 1948

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED
District Health Officer No. 6
District File Number 948-1006
Date Filed SEP 10 1948

SEP 8 1949

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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.