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

FILED AUG 18 1948

Registration District No. 275

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 27270

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: McFarland Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
 (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
 (c) City or town Rolla
 (If outside city or town limits, write "RURAL")
 (d) Street No. 406 W. 4th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUVICA WAGNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fritz Wagner 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 15 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 21 hr. min.

9. Birthplace Rolla Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Shaw 7
 13. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)
 14. Maiden name Melinda
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alpha Vitthum
 (b) Address Route 1 Rolla

17. (a) Burial (b) Date thereof 8-2-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Beulah Cem.

18. (a) Signature of funeral director W. H. & Sons F. W.
 (b) Address Rolla, Mo.

19. (a) 8-11-48 (b) Nadmed. Stall
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
 year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 22, 1948 to August 6, 1948
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration _____

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: MI
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alvin McFarland (M. D. or other)
 Address Rolla, Mo. Date signed 8-6-48

RECEIVED

Phe'ps County Health Officer,

County File Number

Date Filed

8/17/48

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 Paul E. Zull

Licensed Embalmer No. 4498

P. O. Address Rolla

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.