

No. 300
-10-47
5-17-39
P 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29134

Registrar's No. 20

Registration District No. 38

Primary Registration District No. 4080

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
223 East 5th Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether Life Time)

In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. 223 East 5th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Robert A. Wagaman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizax Wagaman

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 8 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>2</u>	<u>3</u>	hr. min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business John Calnen Wagaman

12. Name John Calnen Wagaman

13. Birthplace State of Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Powell

15. Birthplace State of Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Elizax Wagaman

(b) Address Norborne Missouri

17. (a) Burial (b) Date thereof 9-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cemetery

18. (a) Signature of funeral director John G. Smith

(b) Address Norborne, Missouri

19. (a) 9-13-1948 (b) Eileen Pennington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th
year 1948 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Sept 8th
1948 to Sept 11th 1948
that I last saw him alive on Sept 11th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 days

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations g30
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) (c) Means of injury

23. Signature B. C. Cole (M. D. or other) 9-12-48
Address Norborne, Mo Date signed _____

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 9-30-48

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John J. Deitch

Licensed Embalmer No. 3654

P. O. Address Norbone Mo

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.