

Registration District No. 158

Primary Registration District No. 5590

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Moberly  
(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  
In this community forty-five years (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME JAMES W. WAGONER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married divorced Widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 6 1891 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Lone Dell mo. (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business self.

12. Name Wm Wagoner

13. Birthplace unknown Ky. (City, town, or county) (State or foreign country)

14. Maiden name Abby Smith (City, town, or county) (State or foreign country)

15. Birthplace Lone Dell mo. (City, town, or county) (State or foreign country)

16. (a) Informant Vernys Frost (b) Address St. Clair, mo.

17. (a) Burial (b) Date thereof 8/8/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Ceme.

18. (a) Signature of funeral director Casey Kenox (b) Address St. Clair, mo. (c) Date received local registrar 9-9-48 (Registrar's signature) Kathleen Marsden

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jefferson  
(c) City or town Moberly (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3-15-48 to 8-30-48 that I last saw him alive on 8-30-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_ Address \_\_\_\_\_ Date signed 8/10/48

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed SEP 14 1948

JAN 6 1954

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 David C. Russell  
Licensed Embalmer No. 4520  
P. O. Address H. Clair, 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.