DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30297

Registration District No. 178 Primary Registration District No. 56666 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community 81 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. West of LaGrange
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred J. Waganer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race W

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

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

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

7. Birth date of deceased March (Month) 18 (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 25 If less than one day X hr. Z min.

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

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Henry Wagner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Shurfelt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Lindsey Dorows
(b) Address LaGrange, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation LaGrange, Mo.

18. (a) Signature of funeral director Paul A. Vaughn
(b) Address LaGrange, Missouri

19. (a) 9-17-48 (Date received local registrar) (b) P W Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 13 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 3 1948 to Sept. 13 1948 that I last saw him alive on Sept. 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of foot — Duration 2 mos.

Due to Arteriosclerosis

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 2

23. Signature W B Dodson (M. D. or other) DO
Address Carton, Mo. Date signed 9-15-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1949

RECEIVED
District Health Officer
District File Number 9-48-16
Date Filed SEP 20 1948

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 A. Vaughn

Licensed Embalmer No. 4500

P. O. Address LaGrange, 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.

o. 2B
-3-45
X43880

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. Oct

Registration District No. 178 Primary Registration District No. 5666 Registrar's No.

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Fred J. Wagoner

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 18 (Day) 86 (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) No (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) 9-19-48 (Date received local registrar) (b) P. H. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 13
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

S-30897