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7-39  
3908

FILED OCT 28 1948  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Crume Nursing home-1809 Grand-Joplin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week Mo.  
(Specify whether)

In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1047 Pennsylvania  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Wagner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

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

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

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

7. Birth date of deceased August - 19-1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 1 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Wagner

(b) Address St. James, Minnesota

17. (c) Removal (b) Date thereof 10-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Minnesota

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) 10-21-48  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1948 hour 5:48 minute A. M.

21. I hereby certify that I attended the deceased \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed 10/21/48

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

48-10-889

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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 F M Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.