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FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27116
Registrar's No. 256

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 2000 Evanston		d. STREET ADDRESS (If rural, give location) 2000 Evanston	
3. NAME OF DECEASED (Type or Print) Ernest		4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1949	
a. (First)		b. (Middle)	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 25, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (State or foreign country) Carrollton, Mo.	
13a. FATHER'S NAME John Wagaman		14. NAME OF HUSBAND OR WIFE Lula B. Wagaman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lula B. Wagaman, Independence, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the prostate ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION July, 1948		19b. MAJOR FINDINGS OF OPERATION Trans urethral resection for urinary retention - Adeno carcinoma	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/6, 1948 , to 8/13, 1949 , that I last saw the deceased alive on 8/13, 1949 , and that death occurred at 8:32P m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. [Signature]		23b. ADDRESS 401 First Nat'l Bank Bldg Independence, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24b. DATE Aug. 16, 1949		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. Aug. 14-1949		REGISTRAR'S SIGNATURE [Signature]	
FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 REC'D

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 _____

Student Embalmer No. 842

working under my personal supervision.

Student
Student Embalmer

Signed

Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address

Lyndwood

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.