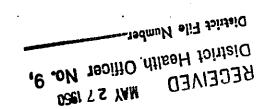
0.300	FILED JUN 3 1950 ST	46355 File No. 354							
12	BIRTH NO REG. DIST. NO. 1/6 PRIMARY REG. DIST. NO. 3028 Registrar's No. 76								
60	1. PLACE OF DEATH a. COUNTY Franklin	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Horotest Missourib, COUNTY Pulaski							
•	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)						
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis-Hospital		d. STREET ADDRESS	(If rural, give location)	<i>;</i>				
PERMANENT RE	3. NAME OF a. (First) DECEASED (Type or Print) JOHN	b. (Middle)	c. (Last) WAGONER	4. DATE OF DEATH Ma	(Month) (Day) (Year) y 18, 1950				
	5. SEX   6. COLOR OR RACE   7. MA	RRIED NEVER MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 21, 187	9. AGE (In year last birthday)	· · · · · · · · · · · · · · · · · · ·				
ERMA		CIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
кв а Р	13a. FATHER'S NAME	136. MOTHER'S MAIDEN	NAME	nelps Co., Mis	OR WIFE				
	I Saac Wagoner  15. WAS DECEASED EVER IN U.S. ARMED FORCES (You no, or unknown)   (If you give war or dates of service	Lucy Kinley   16. SOCIAL SECURITY   NO.	17. INFORMANT	Lena Wagoner S SIGNATURE OR N	Deceased.				
-W.	no no	Andy Wagoner, Jerome Missouri							
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  Inter on (a), (b), and (c)  Inter on (a), (b), and (c)  Inter on (a), (b), and (c)								
CK	*This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b)								
BL/	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	stating DUE TO (c)	The second s	<u> </u>	26				
UNFADING	tion which caused death. II. OTHER SIGNIFICANT Conditions contributing to related to the disease or con		Tusion !	Ca ceration	<b>H</b> -				
	19a. DATE OF OPERA- TION-	<del></del>			20. AUTOPSY7				
SING		CEOFINJURY (e.g., in or about m, factory, street, office bidg., etc.)	21c. (CITY; TOWN, OR	TOWNSHIP) (CO	UNTY) (STATE)				
ısn-	21d. TIME (Month) (Dar) (Year) (Hour) OF INJURY 5-/7-67) m.	219. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCURT acci	dent				
AINLY	22. I hereby certify that I attended the deceased from Marie 1, 1950, to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 5:400 m., from the causes and on the date stated above.								
PI.	23. SIGNATURE	(Degree or title)	23b. ADDRESS	fri mo	23c. DATE SIGNED				
WRITE	24a. BURIAL, CREMA-1,24b. DATE TION, REMOVAL (Bookly) #7 Burial & Remoteal 5-19-50	24c. NAME OF CEMETER Mill Creek C	Y OR CREMATORY	Near Newburg	n, or county) (State)				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATU	RE 99	25. FUNERAL DIREC	E 2 LL	Rolls ma				
	171111	(Licensed Embalmer's S	istement on Neverse Sid		60				



STATEMENT	RY	LICENSED	<b>FMRALMER</b>

I hereby certify that the body whose name is recorded on the reverse side	of this o	certificate	was embalm	ed by me, o	or by
		Student	Embalmer	Ho	
orking under my personal supervision					

Licensed Embalmer No.....

P. O. Address. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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