

STANDARD CERTIFICATE OF DEATH

State File No. **29579**

FILED OCT 13 1950.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 397

**1. PLACE OF DEATH**  
 a. COUNTY **Butler**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff**  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Poplar Bluff Hosp.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Mo.** b. COUNTY **Butler**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff**  
 d. STREET ADDRESS (If rural, give location) **908 Kinzer St.**

**3. NAME OF DECEASED**  
 a. (First) **FERDINAND** b. (Middle) \_\_\_\_\_ c. (Last) **WAGNER**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**10/1/50**

**5. SEX**  
**Male**

**6. COLOR OR RACE**  
**White**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Widowed**

**8. DATE OF BIRTH**  
**Aug. 31, 1861**

**9. AGE** (In years last birthday) **89**

**IF UNDER 1 YEAR** Months **1** Days **0**  
**IF UNDER 24 HRS.** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Ret. Blacksmith**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**Blacksmith**

**11. BIRTHPLACE** (State or foreign country)  
**Burfordville, Mo.**

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**  
**Henry Wagner**

**13b. MOTHER'S MAIDEN NAME**  
**Unknown**

**14. NAME OF HUSBAND OR WIFE**  
**Bertha Frederick**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)  
**No.**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
**Carl Wagner... Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Myocarditis, Chronic.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 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.

**INTERVAL BETWEEN ONSET AND DEATH**  
**Unknown**  
**4222**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**  
 YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) (m.)

**21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from** Aug. 1950, to 10-1, 1950, that I last saw the deceased alive on Oct. 1, 1950, and that death occurred at 2:45A m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) J. W. Tronda, M.D.

**23b. ADDRESS** Poplar Bluff, Mo.

**23c. DATE SIGNED** 10-3-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** 10/3/50

**24c. NAME OF CEMETERY OR CREMATORY** Memorial Park

**24d. LOCATION** (City, town, or county) (State) Cape Girardeau, Mo.

**DATE REC'D BY LOCAL REG.** Oct 4 1950

**REGISTRAR'S SIGNATURE** Wm. H. Johnson

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
**FRANK \*COTRELL... Poplar Bluff, Mo.**

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

123

0123

RECEIVED

OCT 10, 1950  
BUTLER CO. HEALTH CENTER  
FILE No. 1050-416

---

---

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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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.