

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

5863

**1. PLACE OF DEATH**

County JACKSON

Registration District No. 300

Township KAW

Primary Registration District No. 1003

City KANSAS CITY

(No. 4226-WINDSOR)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. 816 Ward \_\_\_\_\_

**2. FULL NAME** JOHN WAGNER

(a) Residence, No. 4226-WINDSOR St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) MRS. MINNIE A WAGNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-29-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 4 19

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. HARDWARE BUSINESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

13. NAME LENHART WAGNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME LOUISE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MRS. MINNIE A. WAGNER  
(ADDRESS) 4226-WINDSOR AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE FEB 20 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS  
(ADDRESS) 211 EAST 9TH ST.

20. FILED 2-19 1933 M. M. Crowe  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Feb 18 1933

I last saw him alive on Feb 18 1933. Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 7/17/33  
Chronic Myocarditis about 1915

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Exam Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify \_\_\_\_\_  
(Signed) Stan J. Pring M. D.  
(Address) 607 N. Gray Bldg

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16  
10  
10  
16

48  
10  
9  
1

STC 710

602 Argyle Kelly  
2:30.5

1000  
1000

DATE	DESCRIPTION	AMOUNT	BALANCE
10/1/50	...	...	...
10/2/50	...	...	...
10/3/50	...	...	...
10/4/50	...	...	...
10/5/50	...	...	...
10/6/50	...	...	...
10/7/50	...	...	...
10/8/50	...	...	...
10/9/50	...	...	...
10/10/50	...	...	...
10/11/50	...	...	...
10/12/50	...	...	...
10/13/50	...	...	...
10/14/50	...	...	...
10/15/50	...	...	...
10/16/50	...	...	...
10/17/50	...	...	...
10/18/50	...	...	...
10/19/50	...	...	...
10/20/50	...	...	...
10/21/50	...	...	...
10/22/50	...	...	...
10/23/50	...	...	...
10/24/50	...	...	...
10/25/50	...	...	...
10/26/50	...	...	...
10/27/50	...	...	...
10/28/50	...	...	...
10/29/50	...	...	...
10/30/50	...	...	...
10/31/50	...	...	...

1000