

Registration District No. 318

Primary Registration District No. 2001

39  
639  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Infant son of Mr. & Mrs. Conrad Wagner <sup>256</sup>

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Baby

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

7. Birth date of deceased February 28 1940  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. min.

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

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Conrad Wagner <sup>0</sup>  
13. Birthplace Seymour Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name W. Thomas Hunt <sup>1</sup>  
15. Birthplace Dubois Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Conrad Wagner  
(b) Address 2234 Spruce St. Sp. Mo.

17. (a) Burial (b) Date thereof Feb. 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kagawood

18. (a) Signature of funeral director F. C. Thirion  
(b) Address Springfield, Mo.

19. (a) 2-29-40 (b) Chas. A. George M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2234 Spruce  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28<sup>th</sup>  
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2,28,40, 19, to 2,28,40, 19;  
that I last saw him alive on 2,28,40, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth-6.5 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature J. Murick (M. D. or other) !  
Address Springfield, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*R. H. Greene*

Licensed Embalmer No.....

*3651*

P. O. Address.....

*Springfield, Mo.*

**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, above space should be left blank.**

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