

JUL 14 1940

S. No. 2  
11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24994**

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **74**

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **74 yrs** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary Wagner**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **May 19-1855** (Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Morgan Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **John Henry Geisler**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Sophie** 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Stammer John** (b) Address **Boonville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 28-1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cem**

18. (a) Signature of funeral director **Goodman Stoller** (b) Address **Boonville, Mo**

19. (a) **7-27-40** (Date received local registrar) (b) **S. Hooper** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**  
(c) City or town **Boonville** (If outside city or town limits, write "RURAL")  
(d) Street No. **122 West Morgan** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26<sup>th</sup>** year **1940** hour **5:05** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **June 26**, 1940, to **July 26**, 1940 that I last saw her alive on **July 26**, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis & Myocardial Degeneration** Duration **10 yrs**

Due to **92C**

Other conditions **Coronary Sclerosis** (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? **197** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **M. A. Jones** (M. D. or other) **D.O.**  
Address **Boonville Mo** Date signed **July 27**

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

7  
2  
2

RECEIVED  
District Health Officer No. 8,  
District File Number  
8-4-8-8  
Date Filed

**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 G. J. Boller  
Licensed Embalmer No. 3062  
P. O. Address Boonville, 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.**