

Registration District No. 833

Primary Registration District No. 5096

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Leonard, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether years, months or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Leonard, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? all his life years.

3. (a) PRINT FULL NAME

William Henry Wagner

8. (b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex Male

5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caro Mae Wagner

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 16 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming 9

11. Industry or business ✓

12. Name John Wagner 9

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Legner

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caro Wagner

(b) Address Leonard Mo

17. (a) Burial (b) Date thereof 10/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 9007 Bloomfield Ga.

18. (a) Signature of funeral director W. H. Miller & B. B. Baker

(b) Address Shelby Mo.

19. (a) Oct. 22 1940 (b) Mrs E N Gerard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1940 hour 7 minute 55A M.

21. I hereby certify that I attended the deceased from March 1940 to Oct 20 1940

that I last saw him alive on Oct 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia resulting due to Prostatitis Duration 12mo

Due to Tumor of Prostate

Due to 19

Other condition Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings: Senility Of operations Tumor of Prostate Of autopsy (Cystoscopic)

PHYSICIAN

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? (Specify type of place) Means of injury

23. Signature Waldo B. Brown (M. D. or other)

Address Newark Mo Date signed 10/21/40

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

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RECEIVED

District Health Officer No. 10

District File Number 11-40-2092

Date Filed NOV 11 1940

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 EW Hawkins

Licensed Embalmer No. 3498

P. O. Address Bethel - Me

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.