No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27977

Registration District No. 134 | Primary Registration District No. 5186 | Registrar's No. 9

1. PLACE OF DEATH:
(a) County: CARROLL
(b) City or town: BOSWORTH MO. Ridge Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: CARROLL
(c) City or town: BOSWORTH Ridge Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARTHA JANE WAGNER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband ~~or wife~~: ROBERT WAGNER
6. (c) Age of husband ~~or wife if~~ alive: 70 years
7. Birth date of deceased: APRIL 16 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	11	..... hr. ..... min.

9. Birthplace: BOSWORTH (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business .....
FATHER 12. Name: PETER CAUSEY
FATHER 13. Birthplace: (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Robert Wagner
(b) Address: Bosworth Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director: DAVID J. EDWARDS
(b) Address: BOSWORTH MO
19. (a) Aug 1-41 (Date received by local registrar) (b) Mrs. A. G. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27 year 1941 hour 7 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from May 13 1941 to July 27 1941; that I last saw her alive on July 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	
Due to Hypertrophy, Arterio sclerosis + Myocardial	
Due to insufficiency	
Other conditions (Include pregnancy within 3 months of death) N	
Major findings: Of operations ..... Of autopsy	

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) (e) Means of injury .....
23. Signature: J. P. Hardy (M.D.)
Address: Bunnell Mo Date signed 7/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-26-44
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~~ I

....., Registered Apprentice No.....

working under my personal supervision.

Signed David L. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27977

Registration District No. 134 Primary Registration District No. 5186 Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Carroll

(b) City or town: Ridge twp

(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Martha J. Wagner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Big Creek Cemetery (Burial, cremation, or removal) (b) Date thereof July 29 41 (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cemetery

18. (a) Signature of funeral director Ward J. Edward

(b) Address Bosworth Mo

19. (a) Aug 1-1941 (Date received local registrar) (b) Mrs. A. G. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour minute M.

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

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY