

S. No. 2
1-1-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42303

FILED JAN 20 1942

Registration District No. 444

Primary Registration District No. 4267

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 N. ADAMS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. NETHER
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 306 N ADAMS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWIN ORVILLE WAGONER

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

4. Sex M U 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA MAY IVEY
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased MAR 19 1976
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 25
If less than one day hr. min.

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

10. Usual occupation COUNTY CLERK OF LACLEDE CO. MO.

11. Industry or business

MOTHER FATHER { 12. Name ROBT WAGONER
13. Birthplace TAYLORVILLE ILL
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA CASEY
15. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. O. Wagoner
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 12 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 12-16-41 (b) J. M. Comb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14th
year 1941 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from August
to Dec. 7, 1941;
that I last saw him alive on Dec. 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Failure 2 das.
Hypertension 2 yrs
Diabetes 2 yrs.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
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 James L. Hope, (M. D. or other)
Address Lebanon, Mo. Date signed 12/15/41

RECEIVED

District Health Officer No.

District File Number 1-42-32

Date Filed 1-14-42

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.....

Allyn Dethage

Registered Apprentice No. 294

working under my personal supervision.

Signed.....

W. W. Palmer

Licensed Embalmer No. 1161

P. O. Address.....

Lebanon 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, fact should be so stated above.