

FILED MAY 6 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 108  
Registrar's No. 451

Registration District No. \_\_\_\_\_

Primary Registration District No. 1807

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution few hours  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. Haber Hotel  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Wagner

3. (b) If veteran, name war. NO 3. (c) Social Security No. 491-30-5877

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

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

7. Birth date of deceased April 6, 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>0</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Aitchison & Richmond Heating & Plumbing Supply Co.

12. Name William Wagner

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

14. Maiden name Fredericka Fiel

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

16. (a) Informant George Wagner

(b) Address 1018 Main St.

17. (a) Burial (b) Date thereof May 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Clark Mortuary  
(b) Address 5025 King Hill Ave.

19. (a) 5-1-42 (b) Roe Heyog  
(Date received local registrar) (Registrar's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1942 hour 3 minute 10 p. M.

21. I hereby certify that I attended the deceased from  
April 28th 1942 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull Fracture Duration 1 day

Due to Profuse Hemorrhage from the right ear shot  
Due to fatal shock 1860

Other conditions Man became over balanced  
(Include pregnancy within 3 months of death)

Major findings: and fallout of a coal car while unloading pipe. PHYSICIAN \_\_\_\_\_  
Of operations: \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy: NOT struck head on pavement in the alley.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 28 - 1942

(c) Where did injury occur? St. Joseph Buch. Mo.  
(City of town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place 31

While at work? Yes (e) Means of injury Fall from a coal car

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 5/2/42

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

APR 11 1957

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 4/28/42  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl A. Clark .....

Licensed Embalmer No. 4238 .....

P. O. Address St. Joseph, 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.**