No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21992

Registration District No. 1028 — Primary Registration District No. 3032 — Registrar's No. 251

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

AUG 18 1942

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 38 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 909 South Mo (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Pearle Margaret Van 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 Married

6. (b) Name of husband or wife Ernest F Van Wagner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 5 1878 (Month) (Day) (Year)

8. AGE: Years 61 | Months 7 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation at Home

11. Industry or business .....

FATHER
12. Name Walter Elliott
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Lamb
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant E. F. Van Wagner

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 7/9/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1942 hour 12:30 minute a M.

21. I hereby certify that I attended the deceased from May 1 1942 to July 8th 1942 that I last saw her alive on July 8th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Decompensated	?
Due to Cerebral Hemorrhage	2 days
Due to Pernicious Anemia	18 years duration
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

93d

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) No

(b) Date of occurrence No

(c) Where did injury occur? None (City or town) (County) (State)

(d) 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 Jno B. Carlisle (M.D. or other) M.D.

Address Sedalia Mo Date signed 7-9-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-12-42

AUG 8 1942

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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 Robert W. Reed

Licensed Embalmer No. 3745

P.O. Address Sedalia

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

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