V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28975

State File No.

FILED SEP 8 1943

Registration District No. 69

Primary Registration District No. 5907 5 391

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Cooter Twn
(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
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 28

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Wagster

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Wagster

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

7. Birth date of deceased April 6 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name Dallas Wagster
13. Birthplace Greenfield Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Petty
15. Birthplace Yorkville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Roy D. Wagster
(b) Address Cooter Missouri

17. (a) Burial (b) Date thereof July 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele Mo Mt Zion Cem.

18. (a) Signature of funeral director German Undt Co
(b) Address Steele Mo

19. (a) 9-2-43 (b) C C Limbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from May 6, 1943, to July 28, 1943; that I last saw him alive on July 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Rheumatic Valvular Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature P. E. Cooper (M. D. or other) M.D.

Address Cooter Mo. Date signed 7-31-43

1207

(Licensed Embalmer's Statement on Reverse Side)

8-43-278

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 John H. Gurnian, Registered Apprentice No. 344, working under my personal supervision.

Signed Jas. R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville

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.