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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41747

Registration District No. 42 Primary Registration District No. 1888 Registrar's No. 1498

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 days. (Specify whether In this community 12 years. 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. 2114 Lovers Lane (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary V. 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 Widowed

6. (b) Name of husband or wife Henry Wagner

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

7. Birth date of deceased January (Month) 14 (Day) 1856 (Year)

8. AGE: Years 87 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Michael Fisher
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Richards
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Chas. A. Semrad

(b) Address 2114 Lovers Lane

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-'43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hebron

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St.

19. (a) 12-28-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1943, to Dec 28, 1943; that I last saw her alive on Dec 27, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insuffi-	
Coenig - Chronic Hypertension	Unknown
Arteriosclerosis, General	Unknown
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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 ✓

23. Signature Gustav A Lau (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 12/28/43

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(Licensed Embalmer's Statement on Reverse Side)

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 L Yaple

Licensed Embalmer No. 3308

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.