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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8744

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 86

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp't (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community 10 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir. 16
(c) City or town Jackson (If outside city or town limits, write "RURAL")
(d) Street No. East Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edythe Goe 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 Alvin Wagner
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 7 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	29	hr. min.

9. Birthplace Shelbyville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business None
FATHER
12. Name Unknown
13. Birthplace ✓ (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk Fitzpatrick
15. Birthplace Unknown (City, town, or county) Unk (State or foreign country)
16. (a) Informant Alvin Wagner
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights
18. (a) Signature of funeral director S. C. Cravatt
(b) Address Jackson, Mo.
19. (a) 3-13-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day ~~20~~ 6 year 46 hour 9 minute 30 p M.
21. I hereby certify that I attended the deceased from 2-20, 1946, to 3-6, 1946 that I last saw her alive on 3-6-46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to (1) Hypertension
Due to (2) Arteriosclerosis
Other conditions ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations ✓
Of autopsy ✓
830

Duration

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 Albert M. Estes (M. D. or other) MD
Address Jackson Mo Date signed 3-12-46

44

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1950

...ED

...ct Health Officer No. 4

...rict File Number 446-1931

Date Filed 4-9-46

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Pattonville, 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.