

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16967  
Registrar's No. 69

Registration District No. 150

Primary Registration District No. 5572

48  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue (Rural) Prairie  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether years, months or days)

In this community 66 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN NATHON WAGAMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased AUG 4 1851  
(Month) (Day) (Year)

8. AGE: Years 94 Months 8 Days 20  
If less than one day hr. min.

9. Birthplace: Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Transfer Business

11. Industry or business

12. Name Salmon Wagaman

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

14. Maiden name Sara Jane Hale

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

16. (a) Informant John S. Wagaman

(b) Address 6102 Indinie, Kansas City, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 4-27-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 4/26/46  
(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2244 Lawn  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th.  
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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: Deputy Coroner  
Coronary Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 94  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy: Inspection History

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature A. E. Warner (M. D. Registrar)  
Address 2500 Main Date 4/26/46

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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.....

*Floyd Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

**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.**