

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14020
Registrar's No. 28

Registration District No. 172 Primary Registration District No. 5642

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town Waverly rural
(c) Name of hospital or institution: Middleton Hosp
(d) Length of stay: In hospital or institution
In this community 4 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE 54
(c) City or town Waverly Rural 0
(d) Street No. 3 MI SOUTH EAST WAVERLY 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA JANE CHRISTIAN WAGNER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 9 year 1947 hour 7 minute 35 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife G. W. WARNER
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased DECEMBER 23 1881 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/11/46 to 3/19/47 that I last saw her alive on 3/19/47 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 3 Days 16 If less than one day hr. min.

Immediate cause of death: Cancer of right breast & lymph nodes and carcinoma of stomach
Duration

9. Birthplace DALLAS COUNTY MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Other conditions: (Include pregnancy within 3 months of death)
Major findings: 50
Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name ISHAM WARE
13. Birthplace DALLAS COUNTY MO (City, town, or county) (State or foreign country)
14. Maiden name DIMISHA ATKINSON
15. Birthplace LACEDS COUNTY MO (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant VIOLA MAUD GOWEN
(b) Address HIGGINSVILLE MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation LONG LAKE MO
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) April 10-47 (Date received local registrar) (b) Clayton K. Landrum (Registrar's signature) 154

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) (Specify means of injury)
23. Signature [Signature] (M.D. or other)
Address Waverly Date signed 3/10/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-25-47

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Conradia 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.