No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1947

Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 55-10

State File No. 37909

Registrar's No. 243

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Rural Fairview Twp. (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) 1
(d) Length of stay: In hospital or institution: — (Specify whether years, months or days)
In this community: 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry 42
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: 3 Mi West of Deepwater (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Paul J Wagner
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Martha Wagner
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 1 (Month) 9 (Day) 1874 (Year)

8. AGE: Years 73 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond Wagner
(b) Address: Deepwater, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Appleton City Cem
18. (a) Signature of funeral director: Sikman-Dunning
(b) Address: Clinton, Mo
19. (a) 11-25-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to Nov. 23, 19 47; that I last saw h..... alive on Dead when arrived; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	Few minutes
Due to: Unknown	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — Underline the cause of which death should be charged statistically.

94 A

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: S. B. Meyhan (M. D. or other) M.D.
Address: Clinton, Mo Date signed: 11/25/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 11-47-1363
Date Filed 12-1-47

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

Signed J R Housey

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.