

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3873

State File No. ....

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Cudran

(b) City or town Merisco mo

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Elmer Wagner

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex mo 5. Color of H race S

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 14 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 6 4 hr. min.

9. Birthplace Cudran mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Merchant

12. Name John E. Wagner

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

14. Maiden name Theresa Hartman

15. Birthplace Osage mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Wagner

(b) Address 917 N. Court Ottumwa Mo

17. (a) Rural (b) Date thereof 2/22/48  
(Burial, cremation, or removal) (Year)

(c) Place: burial or cremation Middleton mo

18. (a) Signature of funeral director J. B. Keller

(b) Address Kellerville mo

19. (a) 2/32/48 (b) Branche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20<sup>th</sup>  
year 1948 hour 5 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31<sup>st</sup> 48  
to Feb 20<sup>th</sup> 1948  
that I last saw him alive on Feb 20<sup>th</sup> 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Chronic Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy 93D

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) \_\_\_\_\_

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) (e) Manner of injury \_\_\_\_\_

23. Signature A. Hirsch (M. D. or other) \_\_\_\_\_  
Address Middleton, Mo Date signed 3/21/48

RECEIVED  
District Health Officer No. 10  
District File Number 348433  
Date Filed MAR 4 1948

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

Signed B. B. Kells  
.....  
Licensed Embalmer No. 1548  
P. O. Address Kelleysville Ind

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.