

S. No. 2  
4-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1948  
Registration District No. 96

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11991

Primary Registration District No. 4158

Registrar's No. 36

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

1. PLACE OF DEATH:  
(a) County Dallas  
(b) City or town Buffalo  
(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)  
(d) Length of stay: In hospital or institution 1  
In this community 5 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dallas 30  
(c) City or town Buffalo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Frank Arvel Wages  
3. (b) If veteran, name war  
3. (c) Social Security No.  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bartha Wages  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Nov 9 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 1  
year 1948 hour 10 minute 30 A M.  
21. I hereby certify that I attended the deceased from Jan 1947 to 1 May 1948  
that I last saw him alive on Apr 24 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
70 5 21 hr. min.

Immediate cause of death Coronary Occlusion Duration 1 min  
Due to Hypertensive Heart Disease 3-4 yrs  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace MILAN Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business Farmer  
12. Name Bates Wages  
13. Birthplace MILAN Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name 9  
15. Birthplace (City, town, or county) (State or foreign country)  
16. (a) Informant Bartha Wages  
(b) Address Buffalo, Mo.  
17. (a) Removal (b) Date thereof May 4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green City, Mo.  
18. (a) Signature of funeral director W. Jones  
(b) Address Buffalo, Mo.  
19. (a) 5/8/48 (b) W. Jones  
(Date received by local registrar) (Registrar's signature)

Major findings: Of operations 435  
Of autopsy  
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 0  
23. Signature W. Jones (M. D. or other) MD  
Address Buffalo Date signed 4 May

RECEIVED

District Health Officer No. 7,

District File Number 4-48-424

Date Filed 5-12-42

---

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 Morris B. Jones

Licensed Embalmer No. 2322

P. O. Address Buffalo, Me

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.