

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9466**  
**1307**  
Registrar's No. ....

**FILED APR 1 1947**

Registration District No. .... Primary Registration District No. **1001**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4100 E. 15th. St. in Ambulance** **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) **unknown**

3. (a) PRINT FULL NAME **Samuel Wagner**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 18, 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 7 1** hr. min.

9. Birthplace **Carroll County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Berthold Wagner**

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

14. Maiden name **Barbara Wagner**

15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Albricht**

(b) Address **Norborne, Missouri**

17. (a) **Burial** (b) Date thereof **3/20/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairhaven Ceme.**

18. (a) Signature of funeral director **Deitch F. H.**

(b) Address **Norborne, Missouri**

19. (a) **3-20-47** (b) **Straldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Carroll** **17**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Norborne**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **19th.**  
year **1947** hour **3:00** minute **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 **Carbon Monoxide poisoning** Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **163 M**

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

Of autopsy **as above**

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) **Suicide**

(b) Date of occurrence **3-19-47**

(c) Where did injury occur? **163 public place**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place**

While at work? **no** (Specify type of place) (e) Means of injury **automobile accident**

23. Signature **Samuel Wagner** (M. D. or other) **3**  
Address **1424 1/2 N. 1st** Date signed **3-20-47**

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JUL 2 1948

JUL 2 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 Me

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

Signed John G. Deitch  
Licensed Embalmer No. 3654  
P. O. Address Norborne 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.