

Akron Beacon Journal - December 26, 1950

WAGNER
Ethel Mary, 58 years, 2817 Front st., passed away Christmas morning at an Akron hospital. She is survived by her husband, Casper S. sons, Bernard, Edward, Alfred, Arnold, Gene Joseph, Richard and John, all of Cuyahoga Falls; Carl and Gerald of Akron; 2 daughters, Mrs. Betty Herndorf of Cuyahoga Falls, Mrs. Mary Carr of Akron; 23 grandchildren, 2 sisters, Mrs. Gerald Swartz of Akron, Mrs. Rowena Taylor of Troy, N. Y.; 2 brothers, Charles and Edgar Arnold, both of Akron. Friends may call after 7 p. m. Tuesday at the McGowan-Reid Funeral Home. Requiem mass at 10 a. m. Thursday at St. Joseph's church. The Rosary will be recited at 9 p. m. Wednesday in the funeral home. (McGowan-Reid.)

Wagner, Ethel Mary Arnold 1893 - 1950

OHIO DEPARTMENT OF HEALTH									
DIVISION OF VITAL STATISTICS					State File No. 79363				
Reg. Dist. No. 1274					Primary Reg. Dist. No. 8493				
CERTIFICATE OF DEATH					Registrar's No. 2691 NK				
1. PLACE OF DEATH a. COUNTY Summit					2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Ohio b. COUNTY Summit				
b. CITY (If outside corporate limits, write RURAL OR give township) AKRON			c. LENGTH OF STAY (in this place) 37 days		c. CITY (If outside corporate limits, write RURAL and give township) Cuyahoga Falls				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital					d. STREET (If rural, give location) 2817 Front Street				
3. NAME OF DECEASED (Type or print)		a. (First) ETHEL		b. (Middle) MARY		c. (Last) WAGNER		4. DATE OF DEATH (Month) (Day) (Year) 12 25 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1892		9. AGE (In years last birthday) 58		Under 1 Year If Under 24 Hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Akron, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Arnold					14. MOTHER'S MAIDEN NAME Frances Slusser				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE <i>Looper & Wagner</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Brain tumor ANTECEDENT CAUSES <i>Morbidity conditions, if any giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.</i> Myelomatous Brain tumor					DUE TO (c) None				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION 12-13-50			19b. MAJOR FINDINGS OF OPERATION Malignant Brain tumor			20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED While of <input type="checkbox"/> Work or Not-While of <input type="checkbox"/> Work		21f. HOW DID INJURY OCCUR?				
22. I heroby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 5:35 a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>S. F. Hartman M.D.</i>					23b. ADDRESS <i>311 Ohio Bldg</i>			23c. DATE SIGNED <i>12-28-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-50		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Cuyahoga Falls, Ohio			
BIRTH NO. Do not write in this space					NAME OF EMBALMER W.D. Reid			LIC. NO. 4408 A	
DATE REC'D. BY LOCAL REG. 12-28-50		REGISTRAR'S SIGNATURE <i>H. S. Taylor</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>W. D. Reid</i>			LIC. NO. 3007	