

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10503

1. PLACE OF DEATH  
 54 County Lafayette Registration District No. 457  
 Township Freedom Primary Registration District No. 5621B  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edwin L. Wischmeier  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Alvine Wischmeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-15-1902</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>2</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln, Benton Co., Mo.</u>		
MOTHER	13. NAME <u>August Wischmeier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Sophia Maas</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Benton Co. Mo.</u>		
17. INFORMANT <u>George F. Wischmeier</u> (ADDRESS) <u>Lincoln, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lutheran St. Paul Cemetery</u> DATE <u>March 4, 1931</u>		
19. UNDERTAKER <u>H. F. Dressing</u> (ADDRESS) <u>Concordia, Mo.</u>		
20. FILED <u>March 3, 1931</u> <u>Ferdinand Shryman</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/31, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 340 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Ruptured Liver  
29th  
5  
 Other contributory causes of importance:  
Railroad Accident

9. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence, fall in also the following: Accident, suicide, or homicide) State of injury 3/1/31  
 Where did injury occur? Lafayette County  
 (Specify city or town, county, and State)  
on Railroad track  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Ruptured liver  
 Nature of injury Railroad accident

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Edmond L. Meade, M. D.  
Concordia, Concordia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. No statement of cause of death should be given unless it is based on a medical examination.

APR 23 1931

MAR 19 1957

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Lozano Registration District No. 457 File No. ....  
 Township Frederick Primary Registration District No. 3621 B Registered No. 11  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Edwin L. Wischneyer

(a) Residence No. .... St. .... Ward.  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OF RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**15.**

FILED 3-3 1931 Ferdinand Shyman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3-1-1931

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Registered Liver

**CONTRIBUTORY (SECONDARY)**

Railroad (duration) yrs. mos. da. Yes  
Accident (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ....., M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

19

**20. UNDERTAKER**

**ADDRESS**

SUPPLEMENTARY  
 Registered Liver  
 Railroad  
 Accident  
 206  
 3-1-1931  
 M.D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 at. 2. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-10503