

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

Jan 2

JAN 21 1933

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

Do not use this space.

34732

1. PLACE OF DEATH

County Benton
Township White
City Lincoln (No. 1)

Registration District No. 60
Primary Registration District No. 4035

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME

Christian F. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margret Wischmeier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1856
7. AGE YEARS 76 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) dont know (STATE OR COUNTRY) Germany

MOTHER 13. NAME Fred Wischmeier

14. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) Germany

15. MAIDEN NAME Wilhelmina Schuttman

16. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) Germany

17. INFORMANT E. F. Wischmeier (ADDRESS) Lincoln, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Lutheran (ADDRESS) Lincoln, Mo. DATE Nov. 30 1932

19. UNDERTAKER J. B. Calvert (ADDRESS) Lincoln, Mo.

20. FILED Jan 2 1933 Mrs. M. K. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932, to Nov 27 1932
I last saw him alive on Nov 27 1932. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma prostate
510 glands (about) 1930
Other contributory causes of importance: 510

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ⊙ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. W. Bogert, M. D.
(Address) Sehalls, Mo.

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