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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Howard. Registration District No. 378 File No. 24287
Township Richmond. Primary Registration District No. 5-5-26 Registered No. 48
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Henry Wachner
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

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

7. AGE: About 66 YEARS | MONTHS: # | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: Henry Wachner.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois,

MOTHER
15. MAIDEN NAME: Katherine Schwab,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Joe Wachner, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetary DATE: 7/23/34, 19

19. UNDERTAKER (ADDRESS): Guy T. Halley. Fayette, Mo.

20. FILED: 7-24, 1934 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/22/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Heat stroke — Date of onset: [illegible]
[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? Jng

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. C. Richards Coroner
(Address) Fayette Mo.