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.

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

APR 16 1935

Do not use this space.

8552

1. PLACE OF DEATH

County: Cooper — Registration District No. 123

Township: Clear Creek — Primary Registration District No. 53 04

City: ~~Pilot Grove Mo~~ No. ..... St. ..... Ward)

File No. .....

Registered No. 38

2. FULL NAME: John Herman Wessing

(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 31 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): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Lottie Wessing

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1875-8-24

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): Pilot Grove Mo / Mo

PARENTS

10. NAME OF FATHER: Anthony Wessing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Catherine Lucenta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany / Germany

14. INFORMANT: Emeretta Wessing
(Address): Pilot Grove Mo

15. FILED 3/23 1935 H. B. Risser, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 21 1935

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to March 21, 1935, that I last saw him alive on March 20, 1935, and that death occurred, on the date stated above, at 4 50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Prostate

51 (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes / No DATE OF November 1934

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Gosoley, M. D.

3-21 1935 (Address) Pilot Grove

*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: St John Cemetary Clear Creek — DATE OF BURIAL: Mar 23 1935

20. UNDERTAKER: Hays-Stocklein Co — ADDRESS: Pilot Grove Mo