

REC'D MAY 17 1938

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

Do not use this space.

15507

1. PLACE OF DEATH

County Pitts

Registration District No. 668

File No. 45-114

Township

Primary Registration District No. 3232

Registered No. 668

City

Bathwell Hospital (No. 1) Bathwell West

St.

Ward

2. FULL NAME

C. F. Wischmeier

2. 57

(a) Residence, No.

Lincoln Mo

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

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

Anna Wischmeier

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

Jan. 24, 1876

7. AGE

YEARS

MONTHS

DAYS

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

62

2

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

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)

Lincoln, Missouri

13. NAME

Henry Wischmeier

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

X Germany

15. MAIDEN NAME

Elizabeth Herken

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

X Missouri

17. INFORMANT

Mrs. Anna Wischmeier

(ADDRESS)

Lincoln, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln, Mo. DATE April 12, 1938

19. UNDERTAKER

J. B. Gilbert

(ADDRESS)

Lincoln, Mo.

20. FILED

4-1, 1938

Fran Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar 17, 1938, to Mar 31, 1938

I last saw him alive on Mar 31, 1938. Death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lymphatic leukemia

Date of onset

Mar 17, 1938

Other contributory causes of importance:

Changren of gums Mar 25-31

Name of operation

Date of

What test confirmed diagnosis? Leukemia Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1938

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?

If so, specify

(Signed)

M. P. Shay

M. D.

(Address)

Lincoln, Mo.

18  
A. 1

CCNY 41

ROLLERS

1 1 1 1

1 1 1 1

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-5-07

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis

Registration District No. 668

(b) Township

Primary Registration District No. 3032

(c) City Sedalia

(d) Street No.

Registered No. 114

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

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

AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

4-1-38 Jean Slack  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) M. P. Shy, M. D.

(Address) Sedalia

