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.

26

REC'D AUG 24 1938

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

25142
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township R. F D. 3 (Nana) — Primary Registration District No. 5296B — Registered No. 208
(c) City Jefferson City, Mo. (d) Street No. ~~St. Mary's Hospital~~ R.F.D. #3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Wiegerson 2.65.
(a) Residence, No. R. F. D. 3 Jefferson City, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Maryn Lauf Wiegerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1849
7. AGE — Years: 89 — Months: 6 — Days: 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Wedel, Germany 6

FATHER
13. NAME Ludwig Wiegersom 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Anna Malkenbuhr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germa ny

17. INFORMANT Henry Wiegerson
(ADDRESS) R,F.D 3 Jefferson City, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Osage Bend, Mo. DATE July 5, 1938
19. FUNERAL DIRECTOR (NAME) Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.
20. FILED 7/6/ 1938 W. Bergof M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938, 19
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to July 2, 1938, 19
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 10:30 m. P
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
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 ....., 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?
If so, specify
(Signed) W. B. Barnes M. D.
(Address) 234 Madison St. Jefferson City, Mo

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John F. Heinish

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.