

DECEMBER 19 1938

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

32014
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 269
 (c) City Jefferson (d) Street No. St Marys Hospital 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 Wentges, Henry Adam
 (a) Residence, No. 905 St Marys Blvd St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>59</u>	<u>8</u>	<u>8</u>	<u>15</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Elston Mo.

FATHER
 13. NAME Charles Wentges Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Margaret Distler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massillon Ohio

17. INFORMANT (ADDRESS) Evelyn Wentges 905 St Marys Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection DATE Sept 10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos E. Godin Jefferson City Mo

20. FILED 9 19 1938 Orville M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 - 7 - 1938, 1938, to 9 - 8 - 1938, 1938.
 I last saw him alive on 9 - 8 - 1938, 1938. Death is said to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of skull Date of onset 9-7-38
210
 Other contributory causes of importance: Pneumonia 9-7-38

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 9-7-38
 Where did injury occur? Jefferson City Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Highway
 Manner of injury Fell from railway board fence
 Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) W. H. Williams M. D.
 (Address) Jefferson City Mo

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.

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,

Leard P. Anelle

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Leard P. Anelle

Licensed Embalmer No. *3890*

P. O. Address.....

Jefferson City Mo

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

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