

1938 JUN 16 1938

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

42634
Do not use this space.

1. PLACE OF DEATH

(a) County Cass, Garden Registration District No. 124
(b) Township Byrd Primary Registration District No. 5179 Registered No. 46
(c) City (d) Street No. 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

640 Rudolph Wechali (Wehrli)
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Fry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>21</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>laborer</u>		
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) <u>Switzerland</u>		
FATHER		
13. NAME <u>Jacob Wechali</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
MOTHER		
15. MAIDEN NAME <u>Mary Fry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT (ADDRESS) <u>Mrs Chas A David</u> <u>Superintendent R. H. S.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>County farm</u> DATE <u>Dec 28 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs Combs Fry</u> <u>Jackson</u>		
20. FILED <u>16-27</u> 19 <u>38</u> <u>D. G. Subert</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1938

22. I HEREBY CERTIFY, that I attended deceased from Nov 30 1938 to Dec 27 1938
I last saw him alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:
myocarditis
92C
Date of onset 1937

Other contributory causes of importance:
arteriosclerosis 1936

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? 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) J. Jackson M. D.
Jackson
150 (Address)

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.

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH CARE LICENSING

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.