

REGD JAN 24 1938

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

43189  
Do not use this space.

1. PLACE OF DEATH  
(a) County Harrison Registration District No. 334  
(b) Township \_\_\_\_\_ Primary Registration District No. 4197 Registered No. 74  
(c) City Bethany (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 Albert Wildberger  
(a) Residence, No. \_\_\_\_\_ St.  Sidney Iowa  
(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 Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF SPOUSE (OR WIVES) Ella M. Wildberger Dec 19 1935 to Dec 25 1938  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1966  
7. AGE YEARS 72 MONTHS 10 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Undertaker Central Burwood Co  
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) 1931 11. Total time (years) spent in this occupation 40 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1938  
22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938, to Dec 25 1938  
I last saw him alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

12-24-38

Other contributory causes of importance: 72 yr

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) A. L. Westling, M. D.  
(Address) Bethany Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Iowa  
13. NAME John Wildberger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
15. MAIDEN NAME Anna Whilinger  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
17. INFORMANT (ADDRESS) M. D. Anderson Bethany Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Sidney Iowa DATE Dec 27 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler Bethany Mo  
20. FILED 12-26-1938 A. L. Westling Local Registrar

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, .....

*Joe E. Wheeler*

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

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

Signed.....

*Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address. *Bethany 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.**