

DECD MAY 22 1939

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

15601

Do not use this space.

1. PLACE OF DEATH

(a) County MORGAN
(b) Township Morgan
(c) City _____

Registration District No. 953
Primary Registration District No. 5792-6 No. 706
(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. _____

(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 526 Barbara Mae Wenger

(a) Residence, No. MORGAN County, MO 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 Female 4. COLOR OR RACE White 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) May 16-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 12

OCCUPATION 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) MORGAN County, MO

FATHER 13. NAME Jess W. Wenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, MO

MOTHER 15. MAIDEN NAME Ella B. Lehman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, MO

17. INFORMANT (ADDRESS) Jess W. Wenger, Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Zion DATE April 29, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. F. Radweh, Versailles, Mo.

20. FILE NO. Apr 29 John H. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1939, to 4-28, 1939

I last saw her alive on 4-28, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Pneumonia

Date of onset 4-28-39

Other contributory causes of importance:

Edema of lungs

4-28-39

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical test 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? no

If so, specify _____

(Signed) Wm. F. Radweh M. D.

(Address) Versailles, 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.

RECEIVED

District Health Officer No. 7

District File Number 1-39-699

Date Filed 5-5-39

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.