REC'D JUL 15 1939

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

21641
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 82
(b) Township Marion 1 Primary Registration District No. 5723 Registered No. 4
(c) City or Easton-RR #2 (d) Street No. 1 Mile S and ½ M West of Hurlinger. 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? 57 yrs. mos. ds.

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2. PRINT FULL NAME Adam Jacob Wenda 5211

(a) Residence, No. 1 Mi South ½ Mi West Hurlinger St. Mo. RR#2 Easton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mary Josephine Wenda.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23rd. 1853.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	9	24	

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 86

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Prussia Germany 6

FATHER
13. NAME Bartholomew Wenda 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Catherine Pankau
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Josephine Wenda
(ADDRESS) rr#2 Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem. Easton DATE June 19th. 1939.

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son.
(ADDRESS) 802 Union St. St Joseph Mo.

20. FILED 7/10, 1939 Dee Righenbeck Local Registrar. 82

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to June 17, 1939
I last saw him alive on June 17, 1939. Death is said to have occurred on the date stated above, at 7:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	Unknown

64

Other contributory causes of importance:

Diabetis Mellitus	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Gustav A Lam, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

RECEIVED
District Health Officer No. 11
District File Number 739-879
Date Filed JUL 13 1939

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.....

Robert P. Clarkson, Registered Apprentice No.....

working under my personal supervision.

Signed Robert P Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union St,

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

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