

6 JUL 6 1939

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

21773
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 130
 (b) Township Madison Welch Primary Registration District No. 5775 Registered No. _____
 (c) City Delta (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

Willemin Everett Wessiman
 (a) Residence, No. Delta Mo. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1939
 7. AGE YEARS 20 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.
 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) Beaufordville Mo.

FATHER 13. NAME Wm B Wessiman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaufordville Mo.

MOTHER 15. MAIDEN NAME Ethel Reiss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaufordville Mo.

17. INFORMANT Albert Wessiman (ADDRESS) Cape Gir Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McGuire Cemetery 6-15 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seabough Funeral Home Cape Gir Mo

20. FILED June 14 1939 Mrs Wm Stickle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

We the undersigned jury find that Everett Wessiman died to his death accidentally as evidence shows no other cause for his death and we find that we cannot

Other contributory causes of importance: hold any person or persons responsible for his demise

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 13 1939
 Where did injury occur? Seven mile west of Delta (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On Hwy name letter (M)
 Manner of injury Falling off Pump Platform
 Nature of injury Broken neck And was under construction

24. Was disease or injury in any way related to occupation of deceased? No, specify _____
 (Signed) E. T. ... M.D.
 Address St. Paul ...

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

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 TO BE MADE BY THE EMBALMER
ON THE DEATH OF THE DECEASED
AND THE PREPARATION OF THE BODY

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, _____

W. H. Estes

_____, or by _____

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

Signed *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Poplar Hill, Miss*

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.