

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

33112
 Do not use this space.

1939 OCT 20 1939

1. PLACE OF DEATH
 (a) County Nodaway 2 Registration District No. 625
 (b) Township 1 Primary Registration District No. 3031
 (c) City Maryville (d) Street No. St Francis Hospital St. 121
 (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 Joseph FRANCIS Wiederholt
 (a) Residence, No. NODAWAY COUNTY St. 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 Male 4. COLOR OR RACE Wht 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) 9-7-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 11 24

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. Stock Raising
 10. Date deceased last worked at this occupation (month and year) 7-28-1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde Missouri

13. NAME Frank Joseph Wiederholt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde Missouri

15. MAIDEN NAME Elineth Catherine Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

17. INFORMANT (ADDRESS) Frank Joseph Wiederholt Clyde Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Columbas Cemetery DATE 9-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Evan Johnson

20. FILED Sept 1, 1939 Mammie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1939 to 9-1 1939
 I last saw him alive on 8-31 1939 Death is said to have occurred on the date stated above, at 12:00 m.
 The principal cause of death and related causes of importance were as follows:
Post Diphtheria
Paralysis of respiratory muscles
 Date of onset July 30 1939

Other contributory causes of importance: 10

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. M. Barker
 (Address) Conception

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

Public Health Officer No. 11,

1039-1379
OCT. 17 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,

J. Evan Johnson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. Evan Johnson

Licensed Embalmer No. *3493*

P. O. Address *Stanbury 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.