

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42889

Registration District No.

89

Primary Registration District No.

3007

Registrar's No.

311

1. PLACE OF DEATH:

(a) County Butler 2
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Fredrick Wenzel 524

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Magdaline 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Jan. 1, 1860
(Month) (Day) (Year)8. AGE: Years 79 Months 11 Days 24 If less than one day _____ hr. _____ min.9. Birthplace E. Prussia
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer 7

11. Industry or business _____

12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Hugo Wenzel
(b) Address 901 Park, Poplar Bluff, Mo.17. (a) Burial (b) Date thereof Dec. 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn
Greer-Croy Service18. (a) Signature of funeral director _____
(b) Address Poplar Bluff, Mo.19. (a) 12/27/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 901 Park
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 25 day _____
year 1939 hour 8 minute _____ A. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Stomach 3 yrs
Duration _____

Due to _____

Due to _____ 46Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 11.23. Signature Hugo Wenzel (M.D. or other) _____
Address Poplar Bluff, Mo. Date signed 12/26/39

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.....

Grover W Green

Licensed Embalmer No.....

2964

P. O. Address.....

Poplar Bluff, 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.