

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

43839
 Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 454
 (b) Township Middleton Primary Registration District No. 5620A
 (c) City Alma (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.

Registered No. 43-4

2. PRINT FULL NAME John Friedrich Wisler

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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 _____

12. BIRTHPLACE (CITY OR TOWN) Havana, Ill. (STATE OR COUNTRY)

FATHER 13. NAME Henry Wisler,
 14. BIRTHPLACE (CITY OR TOWN) Hanover, (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Christina Diarker,
 16. BIRTHPLACE (CITY OR TOWN) dont know (STATE OR COUNTRY) Germany

17. INFORMANT Bertha Wisler (ADDRESS) Alma Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma Luth. Cem. DATE 12/30 1939

19. FUNERAL DIRECTOR (NAME) A. H. Bremer, (ADDRESS) Alma, Mo.

20. FILED Dec 29 1939 Mrs Frank Mc Clell 914 (Address) Alma, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-12- 1938, to 12-27- 1939
 I last saw him alive on 12-27- 1939. Death is said to have occurred on the date stated above, at 4:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Parkinson's Disease for over 15 yrs. Date of onset _____
 Other contributory causes of importance: none

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) R. G. W. Fischer M. D.
Alma, 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. 8
District File Number
Date Filed 1/10/40

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,

A. H. Brewer

or by

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

Signed

A. H. Brewer

Licensed Embalmer No.

2696

P. O. Address:

Alma, 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.