

Registration District No. 297Primary Registration District No. 3016Registrar's No. 2

## 1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Washington, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: J  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 73 years  
 years, months or days

3. (a) PRINT FULL NAME William Fred Mowwe W.F.M.3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased June 29th 1866  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
73 6 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Engineer mo.11. Industry or business Washington Water Works W12. Name Fred Mowwe13. Birthplace Westphalia Germany  
(City, town, or county) (State or foreign country)14. Maiden name Wilma Bury15. Birthplace Westphalia Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Harry Mahmiller(b) Address Washington Mo.17. (a) Burial (b) Date thereof Jan. 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Washington Mo. Lutheran Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director H.A. May 1/4(b) Address Washington, Mo.19. (a) Jan. 3, 1940 (b) H.A. May  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
 (c) City or town Washington  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. East Front Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd  
year 1940 hour 2 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from September  
first, 1939, to January 1, 1940;  
that I last saw him alive on January 1, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_ Duration  
Mitral regurgitation 4 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_23. Signature Carl Jensen (M.D. or other) D.C.Address Washington Mo. Date signed 1/3/40

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, or by.....  
*Henry W. Otto*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Henry W. Otto*  
Licensed Embalmer No..... *3560*.....  
P. O. Address..... *Washington*.....

**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.**