

Registration District No. **292**

Primary Registration District No. **5410**

Registrar's No. **177**

36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **FRANKLIN**
(b) City or town **(RURAL) BEAUF TOWNSHIP**
(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 **Entire Life** (Specify whether)
years, months or days

8. (a) PRINT FULL NAME **FRITZ WESSELSCHMIDT**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LISSIE WESSELSCHMIDT** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **11 - 11 - 1856**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **NEW HAVEN MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business _____

MOTHER FATHER { 12. Name **HENRY WESSELSCHMIDT**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **DON'T KNOW**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rieschardt Wesselschmidt**

(b) Address **Washington MO**

17. (a) **BORIAL** (b) Date thereof **1 - 14 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BEAUF LUTHERAN CEMETRY**

18. (a) Signature of funeral director **L. C. FERTIG, SON**

(b) Address **NEW HAVEN MO**

19. (a) **Jan 13** (b) **Jessie Gruenewald**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **New Haven - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**
year **1940** hour **10 pm** minute **20** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Myocarditis

Due to _____

Due to _____

Other conditions **93 C**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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

(a) Accident, suicide, or homicide (specify) **Heart**

(b) Date of occurrence **Jan 10 1940**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

While at work? **no** (Specify type of place) (Specify means of injury) **none**

23. Signature **Phos. P. Hoffman**

Address **Bellevue Mo** Date signed **1/13/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Earl Fertig

Licensed Embalmer No.....

P. O. Address.....

3385

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.