

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6543

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 20

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: 22 W. Sixth St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. No.  
(Specify whether  
In this community 50 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Mary Molly Wefer.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive. X years  
7. Birth date of deceased. June 17th, 1865.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 21 hr. X min.

9. Birthplace. St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation. House-work.

11. Industry or business. X

MOTHER FATHER  
12. Name. Henry John Wefer.  
13. Birthplace. Unknown, Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name. Mary Mundel.  
15. Birthplace. Unknown, Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Arthur H. Wefer  
(b) Address. Washington, Mo.

17. (a) Burial (b) Date thereof. Feb. 12, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation. Washington, Mo.  
NIEBURG & SONS, Inc. b

18. (a) Signature of funeral director. A. H. Wefer  
(b) Address. Washington, Mo.

19. (a) FEB. 10 - 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. 22 W. Sixth St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
year 1940. hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 20, 1937, to Feb. 8, 1940;  
that I last saw her alive on Feb. 8, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Lobar Pneumonia Duration 3 days

Due to Secondary Hemiplegia of Brain 3 Yrs

Due to

Other conditions Cerebral Hemorrhage 3 Yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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 A. H. Wefer (M. D. X)  
Address Washington, Mo. Date signed 2-10-40

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, or by Me

Lester H. Vitt, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.