

FILED MAR 11 1940

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

7141

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jayawelle Registration District No. 466  
 (b) Township Ellipt Primary Registration District No. 4622C Registered No. 5  
 (c) City Wellington (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.

## 2. PRINT FULL NAME

(a) Residence, No. 534 Julius Kandler St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emelia Kandler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1859</u>		
7. AGE	YEARS <u>81</u>	MONTHS —
	DAYS —	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Shoe Maker</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Shoe Maker</u>	
	10. Date deceased last worked at this occupation (month and year) <u>not for several years</u>	
	11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Emelia Kandler Wellington Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Wellington Mo</u> DATE <u>2-4</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Quensing Funeral Home Wellington Mo</u>		
20. FILED <u>2-4</u> 19 <u>40</u> <u>F. W. Mann</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-3-1940</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>2-3-1940</u> to <u>2-3-1940</u>	
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>8:50</u> a.m.	
The principal cause of death and related causes of importance were as follows: <u>1) Myocarditis ch.</u> <u>2) Endocarditis ch.</u> <u>g. d. w.</u>	
Other contributory causes of importance: <u>1) Anemia</u> <u>2) Frigid P. foot. e</u> <u>Gaugher dry</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <u>No</u>
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? _____ If so, specify <u>Edwards Carow</u> , M. D. (Signed) <u>Edwards Carow</u> (Address) <u>Osborne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X 16605

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/8/40

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**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 W Roy Green

Licensed Embalmer No. 3070

P. O. Address Wellington MS

**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.**