

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 11390

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 81

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural Marion Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 4 - Hanson Camp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7
 (Specify whether
 In this community 6 months
 years, months or days 11 mo 9)

3. (a) PRINT FULL NAME W. F. Wehland
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

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

8. AGE: Years About 67 yrs. Months Days If less than one day
 hr. min.

9. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gene Westery
 (b) Address Carthage, Mo.
 17. (a) Burial (b) Date thereof Mar 29, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery
 18. (a) Signature of funeral director J. W. Krule
 (b) Address Carthage, Mo.
 19. (a) Mar. 28, 1940 (b) E. J. McIntire, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural - Hanson Camp
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #4 Carthage
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March Day 25
 year 1940 hour About 6 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him alive on March 26 _____ 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Investigation
 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?
81.5 (Specify type of place) _____ (e) Means of injury _____
 While at work? _____
 23. Signature R. H. Winchester (M. D. or other) _____
 Address Jasper Mo. Date signed 3-26-40

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF THE CENSUS - DEPARTMENT OF COMMERCE

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RECEIVED

District Health Officer No. 6,

District File Number 240-1163

Date Filed APR 15 1948

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF VETERINARY MEDICINE

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 P. W. K. Miller

Licensed Embalmer No. 814

P. O. Address Carthage, 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.

R

Dear Dr. Parker:

I have checked with the Knell
Mortuary and they say they are
unable to find any further information
on this man as he was a
transient.

Very truly yours,

EMERY J. MCINTIRE, M. D.

417 SOUTH MAIN STREET
CARTHAGE, MO

REGISTERED NO. 8954

E. J. McIntire, M.D.

NON REPETAT

Registration District No. 408

Primary Registration District No. 5362

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Marion T.P.
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME W. F. Wehland

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

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)
alt 67

8. AGE: Years Months Days If less than one day
alt 67

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan. 10, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

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that I last saw h _____ alive on _____ 19____
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Immediate cause of death _____
Due to _____
Due to _____

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

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. N. Winchester (M. D. or other)
Address Joplin Mo Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL COPY

WRITE PLAINLY—USE UNFADING BLACK INK

PERMANENT RECORD