

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson ~~Hough Park Road.~~
(c) Name of hospital or institution: St. Marys Hospital / Jefferson City
(If not in hospital or institution, write street name and location)
(d) Length of stay: In hospital or institution 8 days
In this community 15 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Cole
(a) State (b) County
(c) City or town Hough Park Road
Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Hough Park Road.
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

3. (a) PRINT FULL NAME Mary Wheat

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Authur Wheat 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 22 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 11
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -----

12. Name Wm. Wagner

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

14. Maiden name Maggie Scheigle

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

16. (a) Informant's own signature Authur Wheat

(b) Address Hough Park Road. J.C. MO.

17. (a) Burial (b) Date thereof 4/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetery

18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo.

19. (a) 4/9/40 (b) B. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from March 29
1940, to April 2nd, 1940,
that I last saw her alive on April 2nd, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-Pneumonia
Septisemia following
Chsd Birth.

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 W. H. ... (M. D. or other)
Address 234 Madison Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Rando

OCT 23 1926

BUESCHER FUNERAL HOME

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 _____

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.