

JUN 2 1940
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State File No. _____
Registrar's No. 618

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1415 1/2 Messanie 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 1/2 Messanie
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 47 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2nd, 1940
year 1940 hour 11:30 minute P. M.
viewed

21. I hereby certify that I attended the deceased from June 2nd, 1940, to June 2nd, 1940

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy NO

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 B.W. Tadlock (M. D. or other) Coroner

Address King Hill Bldg Date signed 6/2/40

3. (a) PRINT FULL NAME John Lawrence Wiehl 400

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

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

6. (b) Name of husband or wife Ethyl Wiehl 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. December, 17th 1892.
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 25 If less than one day, hr. _____ min. _____

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

10. Usual occupation Cannery Operator

11. Industry or business Same

12. Name Frank Wiehl

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

14. Maiden name Anna Giller

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

16. (a) Informant Mrs. Ethyl Wiehl

(b) Address 1415 1/2 Messanie, St Joseph Mo.

17. (a) Burial (b) Date thereof June 5th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Norman S. Saylor

(b) Address 1802 Union Ave. St Joseph Mo.

19. (a) June 4, 1940 (b) B. J. Nestlebury
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

Robert P. Clarkson

Licensed Embalmer No. *4028*

P. O. Address.....

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.