

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(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 9 years  
In this community 9 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME George William Wetherald, Sr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 487-10-4950

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Annie Elbert Wetherald 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased June 19, 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months \_\_\_\_\_ Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk, Clothing store

11. Industry or business \_\_\_\_\_

12. Name John T. Wetherald

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

14. Maiden name Hannah Meroney

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

16. (a) Informant George W. Wetherald, Jr.

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 7-18-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 206 Phelps  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1940 hour 9:45 a m minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1  
1940 to July 17, 1940  
that I last saw him alive on July 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myelitis (Bright's Disease)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? 319  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. certified) \_\_\_\_\_  
Address Windsor Date signed 7-17-40

FEB 28 1941

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RECEIVED  
District Health Officer No. 7,  
District File Number 8-40-1192  
Date Filed 8-12-40

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: *E. M. Hutton*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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, fact should be so stated above.