

Registration District No. **665**

Primary Registration District No. **3032**

Registrar's No. **24/235**

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Lincoln, Mo. (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.

In this community _____ years, months or days
3. (a) PRINT FULL NAME William Henry Wischmeier
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27 year 1940 hour 7:50 AM minute _____ M.

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Catherine **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Nov. 2, 1880 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24 1940, to July 27 1940
 that I last saw him alive on July 27 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 8 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death injury - spinal cord fractured vertebrae fractured
 Due to automobile accident

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

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

10. Usual occupation Retired Farmer

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name Henry Wischmeier
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Gerken
15. Birthplace Germany (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident automobile
 (b) Date of occurrence July 24 - 1940
 (c) Where did injury occur? Road 135th Street (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no
 While at work? no (Specify type of place) (e) Means of injury _____

16. (a) Informant Roy Wischmeier
(b) Address Lincoln, Mo.

23. Signature _____ (M. D. or other)
 Address Sedalia Mo Date signed 7/27/40

17. (a) Removal _____ (b) Date thereof July 27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mo
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 7-27-40 (Date received local registrar) **(b) Mrs. Harry Sued** (Registrar's signature)

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

0
4
4

210m
98

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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 _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Willie Jerry Wischmeier

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

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

8. AGE: Years 39 Months 8 Days 28 If less than one day _____ min.

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(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.

20. DATE OF DEATH month July day 27
year 1940 hour _____ minute _____ M.

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

Immediate cause of death Spinal cord injury sustained in automobile accident
Due to lost control of car in loose gravel on road
Other conditions car turned over
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 2/10/40
Of autopsy 2/8

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 23 1940
(c) Where did injury occur Home Morgan MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm to market road
While at work _____ (Specify type of place) (e) Means of injury Automobile
23. Signature W. J. Wischmeier (M. D. or other)
Address Sedalia MO Date signed 9/16/40

SUPPLEMENTAL

MOTHER FATHER

dsiw v

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 668

Primary Registration District No. 3032

Registrar's No.

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(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 _____
(Specify whether _____)
In this community _____
years, months or days

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.

3. (a) PRINT FULL NAME

Wm Henry Wischmeier

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

8. AGE: Years Months Days If less than one day
39 8 25 _____ min.

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)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 27 year 1940 hour _____ minute _____ M.

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

Immediate cause of death Injury of spinal cord 5 cervical vertebrae fracture
Due to automobile accident

Due to Loss of control on Road car turned over

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210 m 20

Of autopsy _____

Duration

31 days

PHYSICIAN

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) acc

(b) Date of occurrence July 24 1940

(c) Where did injury occur? Rd 135 to Stanes
(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 Ed Sweeney (M. D. or other)

Address Sedalia mo Date signed _____

SUPPLEMENTARY

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