

Registration District No. 15775 Primary Registration District No. 5510

Registrar's No. _____

1. PLACE OF DEATH: Wheeler, Mo
 (a) County Rural - Weaubleau
 (b) City or town _____
 (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 20
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Leisure
 (c) City or town Rural - Weaubleau
 (d) Street No. Rural Route Weaubleau
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Winniel H. Oesch
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fm 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elmer Oesch 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 20, 1895
 (Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name Wm Hargis

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

14. Maiden name Jessie Downs

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

16. (a) Informant Goldie Hargiss
 (b) Address Wheatland, Mo

17. (a) burial (b) Date thereof 9/15/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Outainger Cem

18. (a) Signature of funeral director J. R. Buckner
 (b) Address Wheatland, Mo
 19. (a) Sept 28, 40 (b) W. E. Brenner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 12 year 1940 hour 11 minute 45 M. a

21. I hereby certify that I attended the deceased from May 20, 1940, to Sept 12, 1940 that I last saw her alive on Sept 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of breast with metastasis to brain

Due to _____
 Due to _____

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

Major findings: Decomposition of skull
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? no

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. L. Johnston (M. D. or other) MD
 Address Springfield, Mo Date signed 9-17-40

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

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

SEP 4 1951

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1476

Date Filed 10-11-40

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: *J. R. Key*

Licensed Embalmer No. 2982

P. O. Address Chattanooga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.