

STANDARD CERTIFICATE OF DEATH

State File No. **35685**

NOV 20 1940

Registration District No. **465**

Primary Registration District No. **5620B**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **LAFAYETTE**  
(b) City or town **RURAL MIDDELTON**  
(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 **MISSOURI** (b) County **LAFAYETTE**  
(c) City or town **RURAL**  
(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.

8. (a) PRINT FULL NAME **STELLA B. WESSEL**  
(b) If veteran, name war   
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **OCT** day **19**  
year **1940** hour **10:** minute **P.** M.

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **WILLIAM H. WESSEL**  
6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **APRIL 2 1887**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 15,** 19 **37** to **Oct. 18,** 19 **40**,  
that I last saw her alive on **Oct. 18,** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia** Duration **2 days**

8. AGE: Years **53** Months **6** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **WAYERLY MISSOURI**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **HOUSEWIFE**

Other conditions **multiple sclerosis** ?  
**atrophic arthritis** ?

11. Industry or business \_\_\_\_\_  
12. Name **HENRY BURNETT**  
13. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARTHA STALEY**  
15. Birthplace **BATES COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **no operation**  
Of autopsy **no autopsy**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **WILLIAM H. WESSEL**  
(b) Address **WAYERLY, MISSOURI**  
17. (a) **BURIAL** (b) Date thereof **OCT 20 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **WAYERLY CEMETERY**  
18. (a) Signature of funeral director **E. S. JAMES**  
(b) Address **CONCORDIA MO**  
19. (a) **OCT 19-1940** (b) **Clayton H. Landrum**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **Gas a Kelling M.D.**  
23. Signature **Geo. A. Kelling** (M. D. or other) **M. D.**  
Address **Wayerly, Mo.** Date signed **10/19/40**

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

RECEIVED

District Health Officer No. B

District File Number

11-8-46

Date Filed

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

ME

Registered Apprentice No.

working under my personal supervision.

Signed

*E. S. James*

Licensed Embalmer No.

2058

P. O. Address

Concordia Mo.

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, above space should be left blank.