

REC'D JAN 20 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43186  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548.  
(b) Township Andrew Primary Registration District No. 4323. Registered No. 53.  
or Palmyra  
(c) City Palmyra (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Ann Wehmeyer  
(a) Residence, No. Palmyra, Mo. 0 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wehmeyer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1877  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 5 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

FATHER 13. NAME Andrew J. Kaiser

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Catherine Frey

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Andy Kaiser Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Palmyra, Mo. St. Joseph Cem. 11/8/40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jessie Brown Palmyra, Mo.

20. FILED Nov 8 - 1940 Gertrude Lee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1940

22. I HEREBY CERTIFY That I attended deceased from Sept 13 1940 to Nov 5 1940  
I last saw her alive on Nov 4 1940 Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia  
Cerebral Hemorrhage  
Other contributory causes of importance: gout

Name of operation Date of No  
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury....., 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify (State) Dr. J. H. Kell M.D. Palmyra, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Eddy  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Eddy*

Licensed Embalmer No. 2382

P. O. Address..... Palmyra, 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.**