

JAN 22 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44196

Registration District No. 898

Primary Registration District No. 6203

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Webster

(b) City or town F. Benton township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 40 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Dora Watwesen

8. (b) If veteran, name war X

8. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Watwesen

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 9 - 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name John Krange

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

14. Maiden name Elza Wendt

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

18. (a) Informant's own signature [Signature]

(b) Address Fordland, Missouri

17. (a) Burial (b) Date thereof 12-22-40  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran - Higgins

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Mo.

19. (a) Jan. 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. F. Benton township  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 57 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18 1940 to Dec 18 1940  
Dec 18 1940, 19 10:  
that I last saw he alive on Dec. 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac exhaustion

Duration 1 wk.

Due to Influenza

Due to 11 P

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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?

820 (Specify type of place) While at work? (b) Means of injury

23. Signature [Signature] (Mr., D., or other)

Address Seymour, Mo. Date signed 12-19-40

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.

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 141-56

Date Filed JAN 8 1941

**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 *[Signature]*  
Licensed Embalmer No. 3372

P. O. Address Marshfield, 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.**