. S. No. 2
M—4-13-40
v. 5-17-39
I X23159

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14500

Registration District No. 309 Primary Registration District No. 5427 Registrar's No. 20

38
0
0

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

1. PLACE OF DEATH:
(a) County Gentry Other
(b) ~~City or town~~ Albany Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 35 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ S of Albany PM
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Frank Wetzel
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 10 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	11	✓ hr. ✓ min.

9. Birthplace Paris (City, town, or county) 1 Illinois (State or foreign country)
10. Usual occupation Service Station Operator
11. Industry or business Oil & Gas
FATHER
12. Name Unk
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Hilah Peterson
(b) Address Stonberry Mo RR
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation High Ridge Cemetery
18. (a) Signature of funeral director Stanbetty Mo
(b) Address Stonberry Mo
19. (a) 4-21-41 (Date received local registrar) (b) Wm Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1941 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Apr 14, 1941, to Apr 21, 1941;
that I last saw him alive on Apr 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to ✓

Due to ✓

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Barger (M. D. ~~or other~~)
Address Albany Mo Date signed 4-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Laton H Phillips

Licensed Embalmer No. 1898

P. O. Address Stoutberry 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, fact should be so stated above.