

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

15118

Registration District No. 553Primary Registration District No. 3027Registrar's No. 36

1. PLACE OF DEATH:

- (a) County Macon
 (b) City or town Macon City
 (If outside city or town limits, write "RURAL" and name of township)
Samaritan
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether _____)
 In this community 2 days
 years, months or days)

3. (a) PRINT FULL NAME ANNA WEHNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Henry Wehner 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased January 3 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 33 22 _____ hr. _____ min.9. Birthplace Menden Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Hubert Peters18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Robert Schumacher(b) Address 5128 Campbell, Kansas City, Mo.17. (a) Burial (b) Date thereof Apr 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Marys, Wein, Mo.18. (a) Signature of funeral director James M Laughlin(b) Address Marceline, Mo.19. (a) 4/25/41 (b) Sister Wehner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Chariton
 (c) City or town Wein, Mo.
 (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.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 11 minute 50 p.m.21. I hereby certify that I attended the deceased from April 24, 1941, to April 25, 1941
that I last saw her alive on April 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Breucho-pneumonia 7 day
Due to secondary to
Influenza 8 wksOther 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? _____

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

23. Signature D. P. Conway (M. D. or other) _____
Address Macon, Mo. Date signed 7/27/41

RECEIVED

District Health Officer No. 10

District File Number 5-41-881

Date Filed MAY 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 James McLaughlin

Licensed Embalmer No. 1374

P. O. Address Marceline 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.