

FILED

Registration District No. 592

Primary Registration District No. 5790

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (Rural, Mont. Town.)
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SIMON WEHRMAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Simon Wehrman 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb 8 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Wehrman

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

14. Maiden name Married Heubaus

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

16. (a) Informant Mrs Simon Wehrman

(b) Address Montgomery City, Mo

17. (a) Burial (b) Date thereof July 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo

18. (a) Signature of funeral director J. H. MacLean

(b) Address Montgomery City, Mo

19. (a) May 25 1941 (b) Richard Wehrman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15, 1941 to May 25, 1941

that I last saw him alive on May 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 days

Due to 94 W

Due to _____

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? _____

While at work? 522 (Specify type of place) (e) Means of injury _____

23. Signature Buell Merifield (M. D. or other) _____

Address Montgomery City, Mo Date signed 5-26-41

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

MOTHER FATHER

FEB 6 1951

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 Joseph A Marlow

Licensed Embalmer No. 365-8

P. O. Address Montgomery City

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.