

Registration District No. **46**

Primary Registration District No. **5069**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Nashville Twp (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **39yrs** (Specify whether years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton** **006**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location) **1**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Simon Widmer**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dorothy Widmer** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **Nov. 24 1889**
(Month) (Day) (Year)

8. AGE: Years **51** Months **9** Days **19** If less than one day hr. min.

9. Birthplace **Bern 5 Switzerland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joh Widmer**

13. Birthplace **Switzerland 5**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosina Weiffenezzer**

15. Birthplace **Switzerland 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dorothy Widmer**

(b) Address **Lanatha, MO.**

17. (a) **Burial** (b) Date thereof **9-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **German Apostolic Cemetery**

18. (a) Signature of funeral director **River Funeral Home**

(b) Address **Lamar, MO.**

19. (a) **9-14-41** (b) **Gladys Overman Smith**
(Date received local registrar) (Registrar's signature)

46 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13th**
year **1941** hour **5** minute **50** A. M.

21. I hereby certify that I attended the deceased from **Sept 12** to **Sept 13 1941**; that I last saw him alive on **Sept 13 1941** and that death occurred on the date and hour stated above.

Immediate cause of death
Due to **Bronchial pneumonia 2da**
Due to **Cerebral hemorrhage**

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

23. Signature **James A. Altman** M. D. or other
Address **Lamar, MO.** Date signed **9/13/41**

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

OCT 23 1941

OCT 9 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 *Rollins Knott*
Licensed Embalmer No. *3685*
P. O. Address *Lamar, Mo. P.O. Box No. 1*

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.