No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38854

Registration District No. 366 Primary Registration District No. 30 Registrar's No. 125

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON Tun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 509 SOUTH MAIN ST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County ALEXANDER

(c) City or town CAIRO 11
(If outside city or town limits, write "RURAL")

(d) Street No. 7TH AND WALNUT 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO 2

3. (a) PRINT FULL NAME ANNIE LAURA WENGER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES WENGER

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

7. Birth date of deceased SEPTEMBER 20, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	16	hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business AT HOME

FATHER
12. Name JAMES M. BROWN
13. Birthplace N.K. / INDIANNA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LAURA SAYERS
15. Birthplace N.K. / KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS H.M. BROWN

(b) Address 511 So. MAIN - CHARLESTON, Mo

17. (a) BURIAL (b) Date thereof 11-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOOF - CHARLESTON, Mo

18. (a) Signature of funeral director John F. Nunnelee Jr

(b) Address CHARLESTON, Mo

19. (a) 11-21-41 (b) T S Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6TH
year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from AUG, 1941, to Nov 6, 1941;
that I last saw her alive on Nov 5, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Hemorrhage	1 da
Due to Hypertension	D.K.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NONE	
Of autopsy NONE	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. Chas Rolwing (M. D. or other)

Address Charleston Mo Date signed 11/11/41

745

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1241-1633
Date Filed 12/5/41

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.