

FILED FEB 4 1942

Registration District No. 3079

Primary Registration District No. 3079

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 214 North 4th St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Carrie Wendorff Fuhrman

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 Widowed

6. (b) Name of husband Amel 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased AUG 15 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>-</u> hr. min.

9. Birthplace Barry / Ill
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Henry Wendorff

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

14. Maiden name.....

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

16. (a) Informant Carl Sultzman

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 12 17 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director James P. Powell

(b) Address Hannibal Mo.

19. (a) Jan 10 42 (b) H. C. Fischer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1941 hour 4:45 A. M. minute..... M.

21. I hereby certify that I attended the deceased from 11-28-1941 to 12/15/41
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Hyper tension - Cardio Vascular
debase & fibrillation - about 2 yrs

Due to.....
Due to.....
Other conditions Strangulated Th
(Exclude pregnancy within 5 months of death)
Renal Arteria
Major findings: Operated 11/28/41
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 C. Sultzman (M. D. or other) MD
Address Hannibal Mo. Date signed 12/24/41

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

4
3
4

1146

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.....

Harold O'Honnell

Licensed Embalmer No. *3889*

P. O. Address.....

Lanham Md

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.