

FILED JUL 17 1942  
660

State File No. ....

Registration District No. ....

Primary Registration District No. 58785874

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Rural Brazeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 70 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Daniel Wichern

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. Mary Wichern  
6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. April 10 1854  
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 13  
If less than one day hr. .... min.

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

10. Usual occupation Merchant

11. Industry or business .....

MOTHER FATHER { 12. Name Dont Know  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Dont Know  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wichern

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof June 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenberg, Mo.

18. (a) Signature of funeral director. Young, Sone.

(b) Address Perryville Mo.

19. (a) 6-27-42 (b) Out-Pneuma  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from June 19<sup>th</sup> 1942 to June 23<sup>rd</sup> 1942  
that I last saw him alive on June 21<sup>st</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis, Chronic

Due to Atherosclerosis

Due to .....

Other conditions. (Include pregnancy within 3 months of death) 93d

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) (2) Means of injury

23. Signature Theodore Fischer, M.D.  
Address Altenberg, Mo. Date signed 7/25/42

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

RECEIVED

District Health Officer No. 4

District File Number 742-903

Date Filed 7-13-42

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 *Charles Gentry*

Licensed Embalmer No. 21387

P. O. Address *Perryville 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, fact should be so stated above.