S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21995
State File No.

FILED JUL 10 1942

Registration District No. 668 — Primary Registration District No. 3032 — Registrar's No. 224

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 806 East 9.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 8 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 806 East 9.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM EDWARD WESELOH
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY 13 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 5 If less than one day — hr. — min.

9. Birthplace Pettis County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business
FATHER 12. Name Henry Weseloh
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Luján
15. Birthplace Morgan County Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Charles Weseloh
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 6/20/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1942 hour 9 minute — P.M.

21. I hereby certify that I attended the deceased from March 31 1942, to June 18 1942
that I last saw him alive on June 18 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	Severe weeks
Due to Myocarditis chronic	Some months
Due to Arteriosclerosis advanced hypertension	
Other conditions — (Include pregnancy within 3 months of death)	

930

Major findings: Of operations No operation
Of autopsy No 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? No injury.
(Specify type of place)
While at work (e) Means of injury

23. Signature C. A. Frazier (M.D. or other)
Address Sedalia Mo Date signed 6/19/42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 7-9-42

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.