

FILED AUG 14 1942
6/0

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 709 S. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 709 S. Washington St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Della Lee Wilhelm

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife August Wilhelm 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 8, 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Scott
13. Birthplace Ralls County, Missouri
Aedine Truitt (State or foreign country)
14. Maiden name _____
15. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pillip F. Wilhelm
(b) Address Mexico, Mo.

17. (a) Removal (b) Date thereof July 21, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Wm M. Smith
(b) Address Hannibal, Mo.

19. (a) July 21-42 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 26 to July 21, 1942
that I last saw him alive on July 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum

Due to Carcinoma Cervix

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: General Carcinomatosis
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 J. Frank Galloway (M. D. or _____)
Address Mexico, Mo. Date signed 7-21-42

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

RECEIVED

District Health Officer No. 10

District File Number 8-42-1556

Date Filed AUG 11 1942

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.