

FILED AUG 14 1942

Registration District No. 477

Primary Registration District No. 4289

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 80 Years, 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town La Grange  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Wiesemann

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Wiesemann

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 17th, 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Wiesemann

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

14. Maiden name Catherine Stoner

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

16. (a) Informant Walter Wiesemann

(b) Address La Grange, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 25, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address La Grange, Missouri

19. (a) 7/24/42 (Date received local registrar)

(b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 3  
1942 to July 23, 1942  
that I last saw him alive on July 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage due to arteriosclerosis

Due to Weakness following flu

Duration 1 day

Due to \_\_\_\_\_ 4 mos.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83a!

Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or \_\_\_\_\_)

Address Country Mo. Date signed 7/29/42

JUL 22 1952

RECEIVED

District Health Officer No. 10

District File Number 8-42-1584

Date Filed AUG 13 1942

STATEMENT BY LICENSED EMBALMER

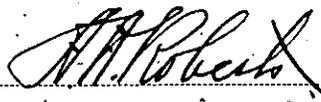
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.