V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1942

Registration District No. 862

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25554

Primary Registration District No. 6-139

Registrar's No. 77

107
0
0

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

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural Morris Twp
(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 7 yrs

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Texas 0 0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 59 years. 0

3. (a) PRINT FULL NAME Carl Fredrick Wendt

3. (b) If veteran, name war

8. (c) Social Security No. old age pensioner

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased May (Month) 18 (Day) 1866 (Year)

8. AGE: Years 76 Months 10 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Carl Wendt 11
13. Birthplace (City, town, or county) Germany 7 (State or foreign country)

MOTHER
14. Maiden name Christina Sommer 11
15. Birthplace (City, town, or county) Germany 1 (State or foreign country)

16. (a) Informant Mrs W. Mires
(b) Address Houston Mo. 7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bado

18. (a) Signature of funeral director Gaylord Elliott
(b) Address Cabool Mo.

19. (a) April 7-1942 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4 day
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb 10, 1942 to Apr 4, 1942
that I last saw him alive on March 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 7yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131 P

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L M Edens (M. D. or other)
Address Cabool Mo Date signed Apr 6 1942

1234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 742420
Date Filed 7-27-42

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 Gaylord Elliott

Licensed Embalmer No. 9252

P. O. Address Cabool 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, above space should be left blank.