. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33955

Registration District No. 34-6148 Primary Registration District No. 4238 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Buckner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buckner hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs (Specify whether years, months or days)
In this community 4 hrs

2. USUAL RESIDENCE OF DECEASED: 48 0 0
(a) State Missouri (b) County Jackson
(c) City or town Buckner Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Buckner Hospital
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Edmond Wildschuetz
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 16 (Day) 1942 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day 4 hrs hr. min.
9. Birthplace Buckner (City, town, or county) Missouri (State or foreign country)
10. Usual occupation babe
11. Industry or business
FATHER 12. Name Harry Wildschuetz
13. Birthplace Oak Grove (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Beth Harris
15. Birthplace Buckner (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harry Wildschuetz
(b) Address Oak Grove RR No.1.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/18/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Napoleon Cemetery
18. (a) Signature of funeral director O M Keppert
(b) Address Buckner Mo.
19. (a) Sept 18/42 (Date received by registrar) (b) O M Keppert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1942 hour 11 minute 0 PM. M.
21. I hereby certify that I attended the deceased from Sept 16, 1942 to Sept 16, 1942 that I last saw him alive on Sept 16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent Foramen Ovale	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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 P. W. Higgins M.D. (M. D. or other) 8/18/42
Address Buckner Mo. Date signed

1161 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.