

**FILED DEC 12 1942**

Registration District No. **254**

Primary Registration District No. **5866**

1. PLACE OF DEATH:

(a) County **Oregon**  
(b) City or town **Myrtle (Rural)**  
(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 **24 years**  
In this community **24 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon**  
(c) City or town **Myrtle (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME

**Lillie B. Wetzel**

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

3. (c) Social Security No. --

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife

**Asberry Wetzel**

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

7. Birth date of deceased

**Feb.**  
(Month)

**6 1871**  
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**71**

**8**

**-**

.....hr. ....min.

9. Birthplace

**Jackson County**  
(City, town, or county)

**West Virginia**  
(State or foreign country)

10. Usual occupation

**Domestic**

11. Industry or business

12. Name

**George W. Linger**

13. Birthplace

**W. Virginia**  
(City, town, or county)

**W. Virginia**  
(State or foreign country)

14. Maiden name

**Eliza A. Burrough**

15. Birthplace

**W. Virginia**  
(City, town, or county)

**W. Virginia**  
(State or foreign country)

16. (a) Informant

**Fleda Wetzel**

(b) Address

**Myrtle, Mo.**

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof **10/8/42**

(Month) (Day) (Year)

(c) Place: burial or cremation

**Cotton Creek Cem.**

18. (a) Signature of funeral director

**Thayer, Mo.**

(b) Address

19. (a) **11-12-42**

(Date received local registrar)

(b) **Geo D. Williams**

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**  
year **1942** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Oct 1**, 19**42** to **Oct 6**, 19**42**  
that I last saw him ~~her~~ alive on **Oct 5**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Sigmoid Colon**  
**• e Obstruction**

Due to: **Senility**

Other conditions: .....  
(Include pregnancy within 3 months of death)

Major findings: **H6e**  
Of operations: .....  
Of autopsy: .....

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 **Geo D. Williams** (M. D. or other) **0**  
Address **Thayer, Mo.** Date signed **11-6-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

75  
000

75  
0

RECEIVED

District Health Officer No. 5,

District File Number 1242105-0

Date Filed 12-11-42

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**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, fact should be so stated above.