

FILED DEC 4 1942

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:  
415 Georgian  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 415 Hayes  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ADOLPHUS AGUSTUS Wehrman

3. (b) If veteran, name war No

3. (c) Social Security No #97-01-0389-A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17, 1942  
year 11 hour 30 minute A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lora S. Wehrman

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 9 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/17/42 19..... to 11/17/42 19.....  
that I last saw him alive on 11/17/42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

70 6 8 hr. min.

Duration.....

Coronary Thrombosis 1 day  
Chr. Arterio Sclerosis.

9. Birthplace Louisiana MO. 0  
(City, town, or county) (State or foreign country)

Due to.....

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

10. Usual occupation PHARMACIST

11. Industry or business DRUG STORE

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN 94a  
Underline the cause to which death should be charged statistically.

12. Name Eritz Wehrman

13. Birthplace Hanover Hermany  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Baaka

15. Birthplace Hanover Hermany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora W. Wehrman

(b) Address Louisiana, MO.

17. (a) Burial (b) Date thereof Nov 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

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)

18. (a) Signature of funeral director Barner & Barner

(b) Address Louisiana, MO.

19. (a) Nov 19 1942 (b) J.C. Halygh Depty  
(Date received local registrar) (Registrar's signature)

While at work..... Means of injury.....

23. Signature Robert L. Lindsay M.D.  
Address Louisiana, MO. Date signed 11/18/42

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

82  
1-102

1948  
FEB 6

RECEIVED

District Health Officer No. 10

District File Number 12-42-4092

Date Filed DEC 12 1949

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, ~~by~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana 9Mo.

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.