

U. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I 25484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41340

State File No. ....

Registrar's No. 305

FILED JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

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

64  
3  
4

1. PLACE OF DEATH:

(a) County Marión

(b) City or town Harrison

(c) Name of hospital or institution: Leveying Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marión

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

(d) Street No. 216 Ziegler  
(If rural, give location)

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

3. (a) PRINT FULL NAME George N. Wessel

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5  
year 1942 hour \_\_\_\_\_ minute 11:20 A.M.

21. I hereby certify that I attended the deceased from Nov  
1942 to Dec 5, 1942  
that I last saw him alive on Dec 5, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 5, 1880  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Hypertension

Due to Toxic nephrosis

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

8. AGE: Years 62 Months 3 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name George Wessel

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

14. Maiden name W. K. Brown

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

16. (a) Informant Mrs. E. D. Oltman

(b) Address 216 Ziegler St Harrison Mo

17. (a) Burial (b) Date thereof Dec. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MTOLivet Room

18. (a) Signature of funeral director James A. Connor

(b) Address Harrison Mo

19. (a) 12/14/42 (b) W. K. Connor  
(Date received local registrar) (Registrar's signature)

Major findings: Toxic Nephre

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? \_\_\_\_\_

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

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

23. Signature B. L. Murphy (M. D. or other) MD

Address Harrison Mo Date signed 12-12-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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..... *Michael J. O'Rourke* .....

Licensed Embalmer No. *2246* .....

P. O. Address..... *Danville VA* .....

**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.**