

41436

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **33**

FILED JAN - 6 1943

Registration District No. 256

Primary Registration District No. 43-8-8-5879

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Benton Morrison Me.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 61 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Oregon  
(c) City or town Morrison Me 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

August Wiele

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

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

4. Sex om

5. Color or white

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

(b) Name of husband or wife Amelia arndt

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 11 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 22 If less than one day 13 hr. 20 min.

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

10. Usual occupation farmer

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

12. Name Heeman Wiele

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

14. Maiden name unknown

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

16. (a) Informant Mrs. M. W. Townley

(b) Address 6 home mo

17. (a) \_\_\_\_\_ (b) Date thereof 12-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation meriton mo

18. (a) Signature of funeral director Arnold Hummer

(b) Address Morrison MO

19. (a) Dec 9 1942 (b) Esther Souder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1942 hour 1:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 3 1942 to Dec 3 1942  
that I last saw him alive on Dec 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Howard Horkwood (M. D. or other) \_\_\_\_\_

Address Peru mo Date signed 12-5-42

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

76000

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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..... *Charles M. Pope*.....  
Licensed Embalmer No. *2552*.....  
P. O. Address *Merion, 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, fact should be so stated above.**