

FILED MAR 11 1943

Registration District No. 1774

Primary Registration District No. 5644

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME ANDREW JOHN WEHRMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1943 hour 10:15 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 Emma Heidtman

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

7. Birth date of deceased Aug 14 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 940

MOTHER FATHER

11. Industry or business _____

12. Name William Wehrman

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

14. Maiden name Charlotte Winkler

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Emma Wehrman

(b) Address Livingston Mo

17. (a) Burial (b) Date thereof Feb 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Winkler

(b) Address Livingston Mo

19. (a) 3-4-43 (b) Mrs. Fred Schwal
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____

Address Livingston Mo Date signed 3/4/43

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

54
0
0

Ryland

RECEIVED

District Health Officer No. 0,

District File Number

Date Filed 3-9-43

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 *W. P. McLean*

Licensed Embalmer No. 2983

P. O. Address *Union St. 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.