

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 6 1943

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 S. QUINCY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community TEN YEARS years, months or days

3. (a) PRINT FULL NAME BARBARA WEITH

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife FRITZ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 19 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 18 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name CONRAD WUNDERLICH 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MAGDALENA HOERNLEIN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA RYMER

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 2 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Edgar E. Meyer

(b) Address Sedalia Mo

19. (a) 2/9/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 110 S. QUINCY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb - 2 - 1943 to Feb - 7 - 1943
that I last saw him alive on Feb - 7 - 43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis

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) (c) Means of injury ✓

23. Signature Edgar E. Meyer (M. D. or other)
Address 1110 S. QUINCY Date signed 2-9-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-4-43

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

Geo. Dillard

Licensed Embalmer No.

3868

P. O. Address

Bedalia

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.