

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7230

State File No. _____

FILED MAR 6 1943

Primary Registration District No. 3052

Registrar's No. 57

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: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Wesner

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry C. Wesner 6. (c) Age of husband or wife if alive, years 1869

7. Birth date of deceased May (Month) 5 (Day) 1869 (Year)

8. AGE: Years 73 Months 9 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Benjamin Elbert

13. Birthplace Windsor - Rural - MO (City, town, or county) (State or foreign country)

14. Maiden name SARAH ANNA ROBINSON

15. Birthplace Windsor Rural MO (City, town, or county) (State or foreign country)

16. (a) Informant Frederick Wesner

(b) Address Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 2-22-43 (Date received local registrar) (b) Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor (If outside city or town limits, write "RURAL")
(d) Street No. 304 E. Benton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1943 hour 1:00 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Oct 42 to Feb 20 1943 that I last saw her alive on Feb 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
apoplexy
Due to arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: 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 Mrs. Anna Berger M.D. or _____

Address Sedalia MO Date signed 2/24/43

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

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 _____

Licensed Embalmer No. 3391

P. O. Address Windsor Me

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.