

No. 9-4-41
17-39
X2948A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7401

State File No.

Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray County
(b) City or town Rural Orrick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles NW of Orrick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 years
(Specify whether years, months or days)
In this community 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town 4 miles NW of Orrick
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALBERT WERLE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Schindler 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Nov 6 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name George Werle

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

14. Maiden name Catherine Phillips

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

16. (a) Informant Mrs. Ellie Woods

(b) Address Orrick, Missouri

17. (a) Burial (b) Date thereof 2/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Near Orrick

18. (a) Signature of funeral director GIBSON FUNERAL HOME

(b) Address Orrick, Missouri

19. (a) (b) (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 19 day 19
year 1943 hour 8:20 a.m. M.

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

Immediate cause of death Pneumonia Myocarditis Acute 1 day

Due to Pneumonia, Lobar 2 day

Due to

Other conditions (Include pregnancy within 3 months of death) 108

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 Virgil E. Shale (M. D. or other) MD

Address Orrick, Missouri Date signed 2/19/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-10-43

1.2.
1-11
1-6

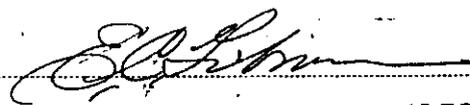
STATEMENT BY LICENSED EMBALMER

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. 4137

P. O. Address. Lamar, Missouri

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.

