

X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10040

Registration District No. 77 Primary Registration District No. 5304 Registrar's No. 42

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson Township

(c) Name of hospital or institution: RR #4 Jefferson City 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: Life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

(d) Street No. RR #4 Jefferson City, Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CARL BERNARD WILBERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 21 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Frank Wilbers

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

14. Maiden name Anna Volmer

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

16. (a) Informant Joseph Wilbers

(b) Address Nardaville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Nardaville, Mo.

18. (a) Signature of funeral director Sydney A. Dick

(b) Address Jefferson City, Mo.

19. (a) 2-24-43 (Date received local registrar) (b) Marlene Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 11, 1943, to Feb 20, 1943 that I last saw him alive on Feb 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus 2 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations H6a

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 J. Taylor (M.D. or other) _____
Address Jefferson City Mo. Date signed 2-24-43

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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, ~~only~~.....

Sylvester Quill

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Sylvester Quill

..... Licensed Embalmer No.....

4321

P. O. Address.....

Jefferson City, 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.