

FILED MAY 11 1943

Registration District No. 176

Primary Registration District No. 5-434

Registrar's No. 34

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
36
0
0

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington, Rural, St. John's Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. #1 W.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 20 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. R. #1 W.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dietrich Wilken.

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1943 hour 7:00 minute A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband's~~ wife Marie Elise Wilken

6. (c) Age of ~~husband's~~ wife if alive deceased years

7. Birth date of deceased: December 5th, 1848.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 25, 1943 to Apr. 7, 43.
that I last saw him alive on Apr. 6, 43.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
First Attack (3-25-43) 12 days
Second, " (4-7-43) Immediate

8. AGE: Years Months Days If less than one day

94	4	2hr.min.
----	---	---	-------------------

Due to Senility

Due to

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Farming.

11. Industry or business II

PHYSICIAN

Major findings:
Of operations None

Of autopsy No

MOTHER FATHER

12. Name Unknown. Unknown.

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

14. Maiden name Unknown.

15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Otto Klemm

(b) Address Washington, Mo. R.F.D. #1 W.

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

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

18. (a) Signature of funeral director Hilberg & Witt Inc.

(b) Address Washington, Mo. 1215 N. 1st St.

19. (a) 4/8/43 (b) Lucille Kuethe
(Date received local registrar) (Registrar's signature)

While at work?

(Specify type of place) (c) Means of injury

23. Signature B. Romanoff M.D. 4-8-43
Address Washington, Mo. Date signed

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lester A. Witt

Licensed Embalmer No.

3254

P. O. Address

Washington, 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.