

FILED MAY 15 1943

Registration District No. 347

Primary Registration District No. 6171

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Ponce de Leon
(c) Name of hospital or institution: Ponce de Leon San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about six years
In this community about six years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sophia Wilhelm
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F 5. Color or race wh
6. (a) Single, widowed, married, divorced, widowed Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive Dead years _____
7. Birth date of deceased May 15 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Water Tana Wis. C. I.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Herhard Lohmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Merchan
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Wilhelm

(b) Address Ponce de Leon

17. (a) Burial (b) Date thereof April 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ponce de Leon

18. (a) Signature of funeral director Everett Cheatham

(b) Address Walena mg.

19. (a) April 22/43 (b) Nellie Ironley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Ponce de Leon Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 1943
year 1943 hour 10 minute 3 a. M.

21. I hereby certify that I attended the deceased from San Antonio
about four days ago to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Supposed was heart trouble
as she had a bad valvular heart trouble
when I saw her about four days ago.
Due to They called me but she had
died when I got there
Due to _____

Other conditions (Includes 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) () Means of injury _____

23. Signature J. F. Pady (M. D. or other) _____
Address Osark Mo. Date signed 4-16-43

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

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RECEIVED

District Health Officer No. 6,

License File Number 543-606

Date Filed MAY 13 1943

STATEMENT BY LICENSED EMBALMER

nat

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 *Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address Galena, 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.