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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17801

Registration District No. 116 Primary Registration District No. 3620 Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 123 W. Second St.
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36 6 2
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 23 W. Second St.
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country ✓ ✓

3. (a) PRINT FULL NAME MINNIE VICK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry J. Vick

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

7. Birth date of deceased December (Month) 6 (Day) 1866 (Year)

8. AGE: Years 76 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name August Wilmesheer 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Charlotta Rosendahl 4
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Louis Baumann
(b) Address 23 W. 2nd St. Washington, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vett, Inc.
(b) Address Washington, Missouri

19. (a) 5/26/43 (Date received local registrar) (b) Fred J. Ruether Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 25, 1943 to May 25, 1943;
that I last saw her alive on May 25 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage,-Apoplexy,	8 Hrs.
Due to Unknown	
Due to	
Other conditions - - - (Include pregnancy within 3 months of death)	
Major findings: Of operations - - -	
Of autopsy - - -	

830

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. E. Mankopf (M. D. ~~X.X.X.X.~~)
Address Washington, Mo. Date signed 5-26-3

1181

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Lester H. Witt, ~~Registered Apprentice~~ No. .....

working under my personal supervision.

Signed Lester H. 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.