

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17976

State File No. _____

X25390

FILED JUN 15 1943 38

Primary Registration District No. 4219

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Weaubleau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory ⁴³
(c) City or town Weaubleau ⁹⁻¹
(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 CHARLES CONRAD WIEGAND

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan. 8 - 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
97 3 29 hr. min.

9. Birthplace Eric County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henry Wiegand

13. Birthplace Eric County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Sarah Wiegand

(b) Address Weaubleau Mo.

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

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Ed W. Summit

(b) Address Humansville, Mo.

19. (a) May 11 - 43 (b) Mary F. Carlstrom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Last 2 years
1943 to May 7 1943
that I last saw him alive on May 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial failure

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 932-2

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature W. H. R. Eston (M. D. or other) MD
Address Weaubleau Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1094

(Licensed Embalmer's Statement on Reverse Side)

May 8, 1943

RECEIVED

District Health Officer No. 7,

District File Number 5-43-524

Date Filed 6-12-43

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.....

by me....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Primm*.....

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.