

No. 2
4-12-40
5-17-39

18363

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 11 1943

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 92

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

1. PLACE OF DEATH: **Maries**
 (a) County **Vienna, Mo.**
 (b) City or town
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: **63**
 (a) State **Mo.** (b) County **Maries**
 (c) City or town **Vienna, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME **Peter Wansing**
 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 **Nettie Wansing**
 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **2** **25** **-1871**
 (Month) (Day) (Year)

8. AGE: Years **71** Months **I** Days **4**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **John Wansing**

MOTHER FATHER { 12. Name _____
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Lucretia**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Nettie Wansing**
 (b) Address **Vienna, Mo.**

17. (a) _____ (b) Date thereof **4-2-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Vienna, Mo.**

18. (a) Signature of funeral director **J. C. Bremm**
 (b) Address **Vienna, Mo.**

19. (a) **5-13-43** (b) **Erma Bassett**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **29**
 year **1943** hour **10** minute **P.M.**
 21. I hereby certify that I attended the deceased from **March 4**
 19**40**, to **March 12**, 19**43**
 that I last saw him alive on **March 12**, 19**43**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Occlusion** Duration _____

Due to **Hypertension**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **gk a**

Major findings:
 Of operations _____
 Of autopsy _____
 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) _____ (e) Means of injury _____
 23. Signature **J. C. Leonard** (M. D. or other) _____
 Address **Vienna, Mo.** Date signed **5/10/43**

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.....

March 29 - 1943

Registered Apprentice No.

working under my personal supervision.

Signed.....

Fred W. DeLant

Licensed Embalmer No.

2341

P. O. Address.....

Sioux 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.