

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18691

LED MAY 20 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Martha Frances Wehmeyer3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife William F. Wehmeyer 6. (c) Age of husband or wife if alive 47 years7. Birth date of deceased November 25, 1896
(Month) (Day) (Year)8. AGE: Years 46 Months 4 Days 21 If less than one day
hr. 1 min.9. Birthplace Iola, Kansas
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business

12. Name John Sebree13. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Betty Foster15. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant William F. Wehmeyer, (husband)
(b) Address Route 2, Sedalia, Mo.17. (a) Burial (b) Date thereof 4/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Quincy J. Hume(b) Address Sedalia, Missouri19. (a) 4/17/43 (b) Miss Anna Berger
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2-10 miles south east of Sedalia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 6:45 minute P. M.21. I hereby certify that I attended the deceased from Mar 10-43
1943 to Apr 19 1943
that I last saw her alive on Apr 16 1943
and that death occurred on the date and hour stated above.Immediate cause of death Coronary embolismDue to Endocarditis 26Due to Charles CulbertsonOther conditions Charles Culbertson
(Include pregnancy within 3 months of death)Major findings: gal. stonesOf operations gal. stones

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?

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

23. Signature M. P. Shy (M. D. or other)Address Sedalia Date signed 4-17-43

RECEIVED

District Health Officer No. 8,

District File Number.....

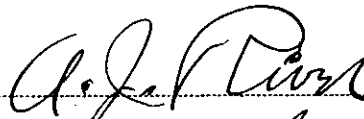
Date Filed 5-19-43

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.....

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

Signed.....



Licensed Embalmer No. 1407

P. O. Address.....

Salina, 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.