

Registration District No. 08

Primary Registration District No. 5760

1. PLACE OF DEATH:

(a) County. Marion  
(b) City or town. Rural  
(c) Name of hospital or institution: Fabius Township /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 38 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Matilda Hoffman Wehmeyer

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

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

6. (b) Name of husband or wife. Herman Wehmeyer  
6. (c) Age of husband or wife if alive. 20 years

7. Birth date of deceased. January 20 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation. At Home

11. Industry or business.

12. Name. John Hoffman

13. Birthplace. No record 9  
(City, town, or county) (State or foreign country)

14. Maiden name. No record  
15. Birthplace. No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs John Barnett

(b) Address. Palmyra, Mo.

17. (a) (b) Date thereof. 6/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood Cemetery Palmyra, Mo.

18. (a) Signature of funeral director. J. H. Maddy  
(b) Address. Palmyra, Mo.

19. (a) 6/27/43 (b) J. H. Maddy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Marion 64  
(c) City or town. Rural 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fabius Township  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1943 hour 7 minute 00 p. M.

21. I hereby certify that I attended the deceased from Dec 4 1942 to June 25 1943;  
that I last saw him alive on Jan 25 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Chronic Myocarditis Duration 6 mth

Due to Coronary Complication

Due to  
Other conditions. (Include pregnancy within 3 months of death) 938

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?

23. Signature J. H. Maddy (M. D. or other) M.D.  
Address Palmyra Mo Date signed 6/27/43

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

64  
00

MOTHER FATHER

1161

**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 Rob. Lewis

Licensed Embalmer No. 23821

P. O. Address Collegeville - 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.**