V. S. No. 2
0M—5-42
ev. 5-17-39

FILED AUG 7 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26396

State File No.

Registration District No. 362 Primary Registration District No. 6233 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Warren Camp Branch Twp.

(b) City or town ~~Hawk Point~~ (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution * (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren 0

(c) City or town Hawk Point Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Camp Branch Twp.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Martin Werges

3. (b) If veteran, name war World war # 1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Selma Hilda Elizabeth Werges

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 10 (Month) 9 (Day) 1894 (Year)

8. AGE: Years 48 Months 8 Days 21 If less than one day ✓ hr. ✓ min.

9. Birthplace Warren Co Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General duties

FATHER
12. Name William Werges
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Caroline
15. Birthplace Warren Co Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Selma Hilda Elizabeth Werges
(b) Address Hawk Point Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem Truxton MO

18. (a) Signature of funeral director Olan L A Jones
(b) Address Bellflower Mo.

19. (a) July 6 1943 (Date received local registrar) (b) John A Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1943 hour 10:30 minute P.M. M.

21. I hereby certify that I attended the deceased from June 24th 1943 to June 30 1943 that I last saw him alive on June 30th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Hemorrhage of the intestine Wall

Due Cause unknown Either bleeding ulcer or Carcinoma He had been sick a year

Due

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

123.2

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 John H. Dyer (M. D. or other)

Address Warrenton Mo Date signed 7/2/43

1264 (Licensed Embalmer's Statement on Reverse Side)

APR 20 1946

AUG 10 1943

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

Signed Oland L. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.