

FILED SEP 8 1943 72

Registration District No. _____

Primary Registration District No. **3034**

Registrar's No. **51**

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville
(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 35 years (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(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 _____

3. (a) PRINT FULL NAME John A. Woestemeyer
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 13th
year 1943 hour 11 minute 15 A. M.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christena Hanna W(deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 30, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 11
_____ 1943, to Aug 13 _____ 1943
that I last saw h. in alive on Aug 13 _____ 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 10 13 hr. _____ min.

Immediate cause of death Cerebral Thrombosis Duration 4 mos

9. Birthplace Junction Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Banker - City Treasurer

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

MOTHER FATHER

11. Industry or business _____
12. Name Herman Henry Woestemeyer
13. Birthplace Warren Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Annie Louise Kellmeyer
15. Birthplace Marthsville Mo. (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Webster Ritter
(b) Address Higginsville Mo.
17. (a) 8-15-43 (b) Date thereof 8-15-43
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evgs. Cem. Higginsville
18. (a) Signature of funeral director [Signature]
(b) Address Higginsville Mo.
19. (a) 8-18-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. _____)
Address Higginsville Mo. Date signed 8/17/1943

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

9-7-43

MAY 17 1944

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 336

Forrest A. Hoefler

Registered Apprentice No. 336

working under my personal supervision.

Signed

Forrest A. Hoefler

Licensed Embalmer No. 539

P. O. Address Kigginsville, 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.