

Registration District No. 163

Primary Registration District No. 3031

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution None (Specify whether
In this community 8 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL") 050
(d) Street No. 222 Miller (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CONNIE LEE WIDEMAN

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

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

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Jan. 19, 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 25 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Donald D. Wideman

13. Birthplace Jefferson Co., Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Jewett I. Klaus

15. Birthplace Sedgewickville Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. F. Klaus

(b) Address 222 W. Miller St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 10-20-43 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1943 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner Inquest 1943 to 1943

that I last saw him alive on 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Duration Instant

Due to Accidental injury suffered in automobile accident

Due to None

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 1702 w

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) accident

(b) Date of occurrence October 14, 1943 050

(c) Where did injury occur? DeSoto Jefferson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? New Hi-way #21

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

23. Signature Fern Spencer (M. D. or other)

Address DeSoto, Mo. Date signed Oct. 15, 43

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

MOTHER FATHER

NOV 17 1948

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 *John M. W. W. W. W. W.*
Licensed Embalmer No. 3531
P. O. Address *Esato 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.