

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
904 - Fourth Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo.  
(Specify whether years, months or days)

In this community years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HERMAN William VIETH

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

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

6. (b) Name of husband or wife Emma Vieth 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased MARCH 10 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman Vieth

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant L. H. LINGER

(b) Address 907 Central Monett Mo.

17. (a) Buried (b) Date there Jan 7 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem

18. (a) Signature of funeral director Fossett Home

(b) Address Monett Mo

19. (a) Jan 4 1944 (b) Audma Willoughby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Laurance

(c) City or town Monett Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1944 hour 10:10 pm minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug 8 1944 to January 4 1944 that I last saw him alive on Jan 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach & Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma Prostate 3-4 yr.  
(Include pregnancy within 3 months of death)

Blind

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma Prostate - Liver and Stomach - Bladder

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Jan 4 - 1944

(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 H. C. Smith (M. D. or other) Do  
Address Monett, Mo. Date, signed 1-4-44

Duration

1 1/2 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 244-163

Date Filed FEB 11 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.....

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

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, Md.

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.