No. 2
1—2-43
5-17-39
1 X35697

61
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18597

Registration District No. 198 Primary Registration District No. 5719 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bevier Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bevier Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Bevier Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME John Wachter

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

4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 25 (Day) 1870 (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Haig (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired coal Miner
11. Industry or business
FATHER
12. Name Michael Wachter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace — (City, town, or county) 9 (State or foreign country)
16. (a) Informant Margaret Wachter
(b) Address Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation St Charles Cemetery
18. (a) Signature of funeral director W. C. Edwards
(b) Address Bevier Mo
19. (a) 5-20-44 (Date received local registrar) (b) Winnie T. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 12, 1944, to May 12, 1944
that I last saw him alive on May 12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	2 days
Due to Arteriosclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr E. L. Weidlich (M.D. or other)
Address Bevier, Mo Date signed 5/17/44

1287

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

RECEIVED
District Health Officer No. 10
District File Number 6-44-1065
Date Filed JUN 9 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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowers, 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.