

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18933

Registration District No. 290

Primary Registration District No. 5993

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Cullen Town Ship (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Life  
years, months or days

3. (a) PRINT

FULL NAME Ersie Wieners

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex Male

5. Color or

face White

6. (a) Single, widowed, married,

Divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if

alive..... years

7. Birth date of deceased Feb. 21

(Month)

(Day)

1931

(Year)

8. AGE:

Years

Months

Days

If less than one day

13

3

0

hr.

min.

9. Birthplace Pulaski Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Joseph L. Wieners

13. Birthplace Pulaski Co.

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name Anna Delancy

15. Birthplace Pulaski Co.

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant Joseph L. Wieners

(b) Address Waynesville, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5/23/44

(Month) (Day) (Year)

(c) Place: burial or cremation Hooker Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 5-26-44

(Date received local registrar)

(b) Chas. M. D. D.

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Cullen Township  
(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 May 21 day 21  
year 1931 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Asphyxiation

Due to drowning

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence May 21, 1931

(c) Where did injury occur near highway

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

river Sanborn

While at work? No (Specify type of place)

(e) Means of injury drowning

23. Signature C. Mallett

Address Crocker, Mo. Date signed 5-26-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Paul B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address *Greaser, 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.**