

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

Registration District No. 290

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5983

State File No. 18934

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Cullen Township)
(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 William Wieners

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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 9, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 0 12 hr. min.

9. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Joseph L. Wieners
13. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna DeLancy
15. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph L. Wieners
(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 5/23/44
(Burial, cremation, or removal) (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 (b) Chas M Ows
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Cullen T. S. Rural
(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 day 21
year 1944 hour 5 minute 30 P. M.

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

that I last saw him alive on
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 5-21-44

(c) Where and injury occurred Waynesville Pulaski Mo
(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)

23. Signature C. W. White (M. D. or other)

Address Crocker Mo Date signed 5-26-44

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.....

3761

P. O. Address.....

Groceries, Inc.

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.