

FILED JUN 7 1944

Registration District No. 321

Primary Registration District No. 6085

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Rural Clay Twp

(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: 62 years (Specify whether years, months or days)

In this community: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo

(b) County: Saline

(c) City or town: Slater Rural

(d) Street No.: RR # 2 Clay Twp

(e) Citizen of foreign country?: No

If yes, name country: _____

3. (a) PRINT FULL NAME: Charlie Jones Wenzel

(b) If veteran, name war: _____

(c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1944 hour 4 minute 45 PM

4. Sex: male

5. Color or race: white

6. (a) ~~Single, widowed, married, divorced~~ married

6. (b) Name of husband or wife: Lamm Wenzel

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Sept-19-1880 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1944 to May 28 1944 that I last saw him alive on May 28 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 9 If less than one day _____ hr _____ min.

9. Birthplace: Quincy Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Immediate cause of death: Cerebral Neumening

Due to: Septicemia

Due to: Ch. Septicemia

11. Industry or business: _____

12. Name: Wenzel

13. Birthplace: _____

14. Maiden name: Pauline Bechtstein

15. Birthplace: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant: Mrs. Lamm Wenzel

(b) Address: Slater Mo RR # 2

17. (a) Burial: _____ (b) Date thereof: May 31 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Slater City Mo

18. (a) Signature of funeral director: Jones, J. J.

(b) Address: Slater Mo

19. (a) Date received local registrar: May 31 1944 (b) Mrs. W.E. Shackelford (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: J. E. Leckert M.D. (M.D. or other)

Address: Slater Mo Date signed: May 29 1944

Duration: 5 hrs

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

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

117
6
0

1255

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-6-44

MAR 28 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.....

working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.