

FILED JUL 10 1944

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. **270**

1. PLACE OF DEATH:

(a) County **Gundy Mo**

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

(c) Name of hospital or institution: **Night Hospital 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

In this community **all life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Gundy 40**

(c) City or town **Trenton 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **1008 1/2 Main st.** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **WALTER H. WETTSTEIN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17** year **1944** hour **9** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **June 1st** 19**44** to **June 17th** 19**44**;
that I last saw him alive on **June 17th** 19**44** and that death occurred on the date and hour stated above.

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 **Dec 1 1877**
(Month) (Day) (Year)

Immediate cause of death **Chr. myocarditis 1 year**

8. AGE: Years **66** Months **6** Days **16** If less than one day **— br. — min.**

Due to **Do not know**

9. Birthplace **Trenton Mo**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Retired Elks Secy**

Other conditions (Include pregnancy within 3 months of death) **93d**

11. Industry or business **Retired**

Major findings: Of operations _____

12. Name **Henry Wettstein**

Of autopsy _____

13. Birthplace **Zurich Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Fredrika Roh**

15. Birthplace **Mobile Ala**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daisy B. Wettstein**

(b) Address **1423 Chestnut**

17. (a) **Burial** (b) Date thereof **6/19/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Grove Cem.**

18. (a) Signature of funeral director **Gibson Funeral Home**

(b) Address **1314 Cedar St**

19. (a) **6-19-44** (b) **L. S. Roberts**
(Date received local registrar) (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 or of place) (c) Means of injury **0**

23. Signature **Walter H. Wettstein** (M. D. or other) **June 15th 1944**
Address **Trenton Mo** Day signed **15th**

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

0-2

PHYSICIAN
Underline the cause to which death should be charged statistically.

JUL 30 1946

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 *Wesley H. Bradford*

Licensed Embalmer No. *4370*

P. O. Address *Stenton 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.