

FILED SEP 8 1944

State File No.

Registration District No. 274

Primary Registration District No. J 552

Registrar's No. 279

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 239 S. GRAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 YEARS (Specify whether years, months or days)
In this community 53 YEARS

3. (a) PRINT FULL NAME

EMIMA WIEGAND

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

6 - 19 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace

BRIGHTON ILL
(City, town, or county) (State or foreign country)

10. Usual occupation

AT HOME

11. Industry or business

12. Name HENRY SCHALLENGER

13. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name

WILHELMINA BECKER

15. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant

MRS M. LANKENAU

(b) Address

SEDALIA, Mo.

17. (a)

BURIAL

(b) Date thereof

8-24-44
(Month) (Day) (Year)

(c) Place: burial or cremation

CROWN HILL CEMETERY

18. (c) Signature of funeral director

Gillespie

(b) Address

SEDALIA

19. (a)

8/23/44
(Date received local registrar)

Imo Anna Burger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 239 SOUTH GRAND AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 21ST
year 1944 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-3
19 44 to 8-21 19 44

that I last saw him alive on 8-20 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive heart failure

Due to

Chronic myocarditis
arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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)

(c) Means of injury

23. Signature

J. M. Rodeman
Sedalia Mo.

(M. D. or other)

Address

Date signed 8-22-44

1022 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-7-45

OCT 34 1945

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

L. E. Bonilella

Licensed Embalmer No.

3867

P. O. Address

Seaside 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.