

FILED AUG 16 1944

Registration District No. 290 Primary Registration District No. 5995 Registrar's No. 71

1. PLACE OF BIRTH:

(a) County Turkey

(b) City or town Great Plains
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi N.E. of Hickory
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lloyd Edgar WENNING

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 2: A.M.
year 1944 hour 1 minute 30 M.

4. Sex M 5. Color or race W 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 14 1923
(Month) (Day) (Year)

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

Immediate cause of death Spinal fracture of cervical vertebrae, fracture of base of skull, etc. Duration _____

8. AGE: Years 21 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

Due to Auto wreck

Due to Man of roadway

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

Major findings: MOC 28

MOTHER FATHER

11. Industry or business _____

12. Name Frank Lanning

13. Birthplace Berlin Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alice R. Prueg

15. Birthplace Madison Ill
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jr. Frank Lanning

(b) Address Berlin Mo

17. (a) Burial (b) Date thereof 7-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller's Glen Mo

18. (a) Signature of funeral director Smith Ferguson

(b) Address Fred King Mo

19. (a) 8-1-1944 (b) Chas. M. Dodd
(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) Accident

(b) Date of occurrence July 16 1944

(c) Where did injury occur? Deep Woods 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? Public place (Specify type of place) Means of injury 085

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 7/16/44

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

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 Embert E Ferguson

Licensed Embalmer No. 31945

P. O. Address. Licking 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.