

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39077

FILED DEC 7 1944
Registration District No. 362

Primary Registration District No. 6234

State File No.

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Elkhorn 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) 1
(d) Length of stay: In hospital or institution life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. Elkhorn Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Emma E. Wessel

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased July 18, 1872
(Month) (Day) (Year)

8. AGE: Years 72- Months 5 Days 2 If less than one day hr. min.

9. Birthplace Arkansas!
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Albert Zillgitt
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Oberlag
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Wessel
(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J. W. Niehaus & Co.
(b) Address Warrenton, Mo.

19. (a) Nov. 22, 1944 (b) John H. Behrens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9
1943, to Nov. 20 1944,
that I last saw h. alive on June 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 1 hour

Due to 132
Due to

Other conditions Myocarditis and hypertension 16 on 12
(Include pregnancy within 3 months of death)

Major findings: hypertension
Of operations
Of autopsy

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

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 John H. Behrens (M. D. or other)
Address Warrenton, Mo. Date signed Nov. 21-44

1264 (Licensed Embalmer's Statement on Reverse Side)

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

9900

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-4-44

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, EB
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John J. Lueding
.....
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.