

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Wellington
(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

3. (a) PRINT FULL NAME August H Maschmeier

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

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec 12 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace New Melle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER
12. Name Uncle
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hilda Maschner
(b) Address Wellington, Missouri

17. (a) Burial (b) Date thereof 1/9/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery Wellington, MO

18. (a) Signature of funeral director Wm W Baker
(b) Address Wellington, Missouri

19. (a) Jan 29 1945 (b) Wm W Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Wellington RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1945 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from Called with death to _____, 19____; that I last saw him alive on about Oct 1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Died within 5 minutes lying sitting in his chair.

Due to Emphysema

Due to 94%

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

PHYSICIAN
Major findings: no operation
Of operations _____
Of autopsy no autopsy
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) (a) Means of injury _____

23. Signature Wm W Baker (M. D. or other)
Address Wellington, Missouri Date signed 1-8-45

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

400

54
3
11

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-2-45

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

W. Roy Ewen

W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington, Missouri

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, above space should be left blank.