S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10313

FILED MAR 16 1945

Registration District No. 2571 Primary Registration District No. 3046 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Tarkyville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days) In this community 13 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3½ Mi East of Fairfield No (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Germany

3. (a) PRINT FULL NAME WILHEMENIA OTELIE WENDELE
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 October 21 1849 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
95	4	3	hr. 1 min.

9. Birthplace Italy (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Wilhem Strauss
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant E. J. Wendele
(b) Address Fairfax Missouri
17. (a) Removal to Burial (Burial, cremation, or removal) (b) Date thereof 2/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge, Fairfax, Mo.
18. (a) Signature of funeral director Harvey A. Clark
(b) Address Fairfax, Missouri
19. (a) Feb 28 1945 (Date received local registrar) (b) Amy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 hour 11 minute a M.
21. I hereby certify that I attended the deceased from Jan. 15, 1945, to Feb. 24, 1945 that I last saw h. alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal bronchial pneumonia	3 days
Due to Senility	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. C. Bauman (M. D. or other) MD
Address Fairfax Mo Date signed 2/25/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Marvin H. Schaeler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.