

FILED APR 5 1945

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 9

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

3. (a) PRINT FULL NAME Ida U. Wild

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

4. Sex female 5. Color or race white 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 8, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 27 hr. min.

9. Birthplace Case Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Louis Wild

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

14. Maiden name Catherine Schumers

15. Birthplace Jersey City N. J.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Wild

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 3-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

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

19. (a) Mar 8, 1945 (b) John A. Behersmeyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2
1944 to March 5th 1945
that I last saw her alive on March 6th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of coronary artery branch
tion of coronary artery branch

Due to pericardial fluid
which she suffered from
Due for two years or more

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations CHLOROPH
NOILYFROHNT
AVENENETISSIG
IVNOILICV
Of autopsy 1

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 A. Behersmeyer (M. D. or other)
Address Warrenton, Mo. Date signed 3/7/45

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 4-4-45

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

working under my personal supervision.

John E. Herliger

, Registered Apprentice No. 375

Signed

John J. Liebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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(a) County Warren
(b) City or town Warrenton
(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

Ida U. Wild

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

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

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

7. Birth date of deceased May 8 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days _____ (If less than one day) min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1945 year _____ hour _____ minute _____ M.

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

Immediate cause of death _____

Was operated on at Messersmith Hospital by Dr. Fenderson
Died _____
Died to _____

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

Major findings: Of operations _____ Of autopsy NO

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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. Dyer (M. D. or other) _____
Address Warrenton Date signed 4/9/45

SUPPLEMENTARY INFORMATION REQUESTED

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

5930

10876