

FILED JUN 12 1945

Registration District No. 87

Primary Registration District No. 5317

Registrar's No. 9

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **"Rural" Kelley Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Four Miles North Tipton
(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 **Missouri** (b) County **Cooper**
(c) City or town **Rural, Kelly Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 Miles North Tipton, Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Joseph A. Wesselman**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Wesselman** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **November 10 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 27 hr. min.

9. Birthplace **St. Clair Co. Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **Gerhardt Wesselman**

13. Birthplace **Unknown**

14. Maiden name **Margeline Summers** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Urban F. Schmitt**

(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **5-11-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Martins Cemetery**

18. (a) Signature of funeral director **Jewell E. Richards**

(b) Address **Tipton, Mo**

19. (a) **5-10-1945** (b) **Moore W. Robison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **45** hour **5 PM** minute **30** M.

21. I hereby certify that I attended the deceased from **Mar 1**
1945 to **May 7**, 19**45**
that I last saw him alive on **May 1**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypospastic pneumonia** 2 days
Due to **Chronic myocardites** Chr
Due to **Arterial Hypertension** Chr
Other conditions **Heart Disease** 1 week
(Include pregnancy within 3 months of death)

Major findings:
Of operations **✓**
Of autopsy **930**

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 **H. P. Sime** (M.D. or other) **0**
Address **Tipton Mo** Date signed **5/8/45**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10/1/45

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 Me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, fact should be so stated above.