

FILED MAY 17 1945

Registration District No. 202

Primary Registration District No. 6192

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

1. PLACE OF DEATH:

(a) County Taney  
(b) City or town Branson, Mo. (near)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
Rural Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME WALTER Rudolph Michel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Martha Alice Howard Michel 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 14 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 17 12 hr. 15 min.

9. Birthplace Highland, Illinois 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Berthold Jacob Michel 1  
13. Birthplace Berne, Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Margerita Geurtz  
15. Birthplace Berne (Canton) Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Michel Middleton  
(b) Address R.F.D. 9, Box 113A, Springfield.

17. (a) BURIAL (b) Date thereof APRIL 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BRANSON, MO.

18. (a) Signature of funeral director R. O. Wheelabel  
(b) Address Branson Mo

19. (a) April 2, 1945 (b) Mary Muller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. 31 day \_\_\_\_\_  
year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 23  
1945, to March 31, 1945  
that I last saw him alive on March 23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 8 dy.  
Due to \_\_\_\_\_  
Due to High Blood pressure

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations yes  
Of autopsy \_\_\_\_\_

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 M. D. Wheelabel (M. D. or other) \_\_\_\_\_  
Address Branson Mo March 31, 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number

545-604

Date Filed

MAY 15 1945

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 Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Braunson 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, above space should be left blank.