S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28170

FILED AUG 28 1945

Registration District No. 21-5 Primary Registration District No. 3052 Registrar's No. 225

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 W. SECOND ST. A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS 88
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 701 W. 2ND ST. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME JOHN W. WIEGAND
3. (b) If veteran, name war
3. (c) Social Security No. 702-16-3194

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) — 6 (Day) — 1884 (Year)

8. AGE: Years 61 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace ALTON (City, town, or county) ILL (State or foreign country)
10. Usual occupation BOILER MAKER HELPER
11. Industry or business

MOTHER FATHER
12. Name HENRY WIEGAND
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
14. Maiden name EMMA K. SCHALLENBERG
15. Birthplace BRIGHTON (City, town, or county) ILL (State or foreign country)

16. (a) Informant MRS. ROY WILLIAMS
(b) Address SEDALIA, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-24-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, MO.
19. (a) 8-24-45 (Date received local registrar) (b) Mrs Penn Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month AUGUST day 22ND year 1945 hour 12 minute 25 P.M.
21. I hereby certify that I attended the deceased from 12-10, 1944, to 8-22, 1945; that I last saw him alive on 8-22-1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute congestive heart failure	72 hrs
Due to: Chronic myocarditis	
Due to:	
Other conditions (Include 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 J. M. Rodeman (M. D. or other) MD
Address Sedalia Mo Date signed 8-24-45

1022 (Licensed Embalmer's Statement on Reverse Side)

AUG 30 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 L. E. Boudelin

Licensed Embalmer No. 3867

P. O. Address Leclair 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.