

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31176**

FILED OCT 12 1945
 Registration District No. **214**

Primary Registration District No. **3052**

Registrar's No. **255**

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:
808 W 7TH ST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **35 YRS.** (Specify whether years, months or days)
 In this community **35 YRS.**

3. (a) PRINT FULL NAME **BERTHA C. WETZEL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **490-30-3531**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WID.**
 6. (b) Name of husband or wife **HERBERT B.** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **12 - 4 - 1888**
 (Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **THOS. W. CHESTER**
 13. Birthplace **ILL.**
 14. Maiden name **EMMA MAY MARTIN**
 15. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **EUGENE L. WETZEL**

(b) Address **SEDALIA, MO.**

17. (a) **BURIAL** (b) Date thereof **9-22-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEM. PARK**

18. (a) Signature of funeral director **Geo. Dillards**

(b) Address **Sedalia**

19. (a) **9-22-45** (b) **A. J. Campbell**
 (Date received local register) (Registrar's signature)

148 Deputy: Betty Yeager
 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **PETTIS**
 (c) City or town **SEDALIA**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **808 W 7TH ST.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **20**
 year **1945** hour **3:00** minute **P** M.

21. I hereby certify that I attended the deceased from **one 30 days** 19 **9-20** 19 **45**
 that I last saw him alive on **9-19** 19 **45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Decompensated
 Due to **Chronic Int. Nephritis**
 Due to **Arterio Sclerosis**

Other conditions **None**
 (Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations **None**
 Of autopsy **None**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **none**
 (c) Where did injury occur? **none**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **Geo. B. Overline M.D.** (M. D. number) **MD.**
 Address **Sedalia Mo** Date signed **9-21-45**

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

80
 6
 4

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 31 1945

10-10-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. E. Bonchur

Licensed Embalmer No.....

3847

P. O. Address.....

Seaside, 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.