S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42040

Registration District No. 258 Primary Registration District No. 4390 Registrar's No. 7

1. PLACE OF DEATH:

(a) County OSAGE

(b) City or town FOLK, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JACKSON TOWNSHIP 1 (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 OSAGE 76

(c) City or town FOLK, MO. 0 (If outside city or town limits, write "RURAL")

(d) Street No. JACKSON TOWNSHIP 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GERHARD WEKENBORG

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 8

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased AUGUST 11, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	4	11	..... hr. ..... min.

9. Birthplace FOLK, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

FATHER
12. Name J. B. WEKENBORG
13. Birthplace HANOVER GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GEERTRUDE BODE
15. Birthplace WESTPHALIA, MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant ANNA WEKENBORG

(b) Address FOLK, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/14/45 (Month) (Day) (Year)

(c) Place: burial or cremation WESTPHALIA, MO.

18. (a) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) 12-13-45 (Date received local registrar) (b) Rose Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 11 year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7/16/43 ~~12/11~~ 14 to 12/11/45, 19..; that I last saw him alive on 11/21/45, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 wks
Due to: Coronary-arteriosclerosis	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [illegible] M.D. (M. D. or other) 0

Address Jefferson City, Mo. Date signed 12/17/45

574 (Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.