

FILED FEB 5 1948
Registration District No. _____

Primary Registration District No. **5305**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Osage City Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Osage City, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Osage City
(If outside city or town limits, write "RURAL") **0**

(d) Street No. Liberty Township
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Joseph Wendler

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1946 hour 7:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from 4/8/42
_____ 19____, to 1/26/46, 19____
that I last saw h.i.m. alive on 1/25/46, 19____
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Sept. 22, 1978
(Month) (Day) (Year)

Immediate cause of death:
Intestinal neoplasm
hypertension heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration
4 1/2 yrs
4 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
67 4 4 _____ hr. _____ min.

9. Birthplace Osage City Cole Co. **0**
(City, town, or county, (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Wendler

{ 13. Birthplace Osage City, Mo. **0**
(City, town, or county) (State or foreign country)

{ 14. Maiden name Barbara Wilferth

{ 15. Birthplace Schurberts, Mo. **0**
(City, town, or county) (State or foreign country)

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)

16. (a) Informant Elizebeth Wendler

(b) Address Osage City, Mo.

17. (a) Burial (b) Date thereof 1/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

23. Signature _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Wendell Carter (M.D. or other) _____
Address Jefferson City, Mo. Date signed 1/27/46

18. (a) Signature of funeral director Victor Bueschle

(b) Address Jefferson City, Mo.

19. (a) 1-22-46 (b) C. P. Harrison
(Date received local registrar) (Registrar's signature)

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

433

*Dr David
encl*

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-4-46

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 *Victor Buescher*

Licensed Embalmer No. 3701

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.