

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 15 1946
Registration District No. **184**

Primary Registration District No. **3038**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
So. Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn **58**
(c) City or town Brookfield **1**
(If outside city or town limits, write "RURAL")
(d) Street No. 2038 Livingston Street **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARVEY Luther Wimer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W **1**
6. (b) Name of husband or wife Minnie L Wimer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct - 15 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 5 hr. _____ min.

9. Birthplace Westmoreland County Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

MOTHER FATHER { 12. Name Jake Wimer
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann Wilson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Francis L Wimer
(b) Address Brookfield, Missouri

17. (a) Burial (b) Date thereof Feb 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Neil Funeral Home
(b) Address 117 South Main

19. (a) Feb. 22, 1946 (b) Evelyn Kelly, Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1946 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Called as Coroner 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull
Crushed Chest
Due to Hit by auto

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

Major findings: 170-8
Of operations _____
Of autopsy _____

Duration _____
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) Accident of
(b) Date of occurrence 3/20/46
(c) Where did injury occur? Brookfield Linn Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
South Main St - Brookfield Mo
(Specify type of place)

Signature Rale Bunch (Name of other) 3
Address Marceline Mo Date signed 3/24/46

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. L. Blacklock
Licensed Embalmer No. 2246
P. O. Address. Brookfield 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.