

FILED APR 15 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 11873

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
627 East Yearby
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME Samuel E. Wenzel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Mae Wenzel 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 3, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 II 20 _____ hr. _____ min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business A.G. Thomas Motor Co.

12. Name William Wenzel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Paulina Beilstein
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wallace Knight
(b) Address 627 East Yearby, Marshall, Mo.

17. (a) Burial (b) Date thereof March 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell
(b) Address Marshall, Mo.

19. (a) 3-30-46 (b) Mrs. T.O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 627 East Yearby
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.
year 1946 hour 8 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 46 to March 1946
that I last saw him alive on March 22nd.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: a4a
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Marshall Mo Date signed 3/24/46

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-46

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 Joe H. Reese

Licensed Embalmer No. 1171

P. O. Address. Marshall 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.