S. No. 2
(—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17630

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 161

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Cole Camp 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Wenig, Mr. Arthur Henry
3. (b) If veteran, name war
3. (c) Social Security No. 4087-01-5432

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Blanche Wenig
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May (Month) 9th (Day) 1891 (Year)

8. AGE: Years 55 | Months 0 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Lincoln (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation Line Man
11. Industry or business Missouri Public Service Co.

MOTHER FATHER
12. Name Henry Wenig
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Annie Stuhrman
15. Birthplace Cole Camp (City, town, or county) Missouri (State or foreign country) 1

16. (a) Informant Mrs. Blanche Wenig
(b) Address Cole Camp Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Sedalia, Mo.
18. (a) Signature of funeral director E L Eckenroff
(b) Address Cole Camp Mo
19. (a) 5/13/46 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

251

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11
year 1946 hour 12 30 o'clock P.M. minute 30 A.M.
21. I hereby certify that I attended the deceased from 4 30
5-9, 1946 to 5-11, 1946
that I last saw him alive on 5-10, 1946
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death pneumonia
other internal injuries not determined
Due to Fall to a power light pole at Windsor, Mo.
Due to X Ray picture showed Fracture of pelvic & spinus processes of 5th lumbar vertebrae
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1
Dec 5
Of autopsy 29

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) accident 42
(b) Date of occurrence 5-9-46
(c) Where did injury occur? Windsor (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Specify type of place)
While at work? yes (e) Means of injury Fall off pole

23. Signature J. Smithee (M. D. or other) M.D.
Address Sedalia Mo Date signed May 11, 46

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6-4-45

NOV 23 1945

APR 4 1947

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 E L Eckhardt

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.