

FILED JUL 9 1946
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 199

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

JOSEPH T. WIEGAND

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 DIVORCED

6. (b) Name of husband or wife
LENA

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

7. Birth date of deceased OCT - 5 - 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 16 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name HENRY WIEGAND

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name EMMA SCHALLENBERG

15. Birthplace BRIGHTON ILL
(City, town, or county) (State or foreign country)

16. (a) Informant ROY WILLIAMS

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 6/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo S. Williams

(b) Address SEDALIA MO

19. (a) 6/22/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 701 W 2nd ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21
year 1946 hour 9:0 minute 04 A.M.

21. I hereby certify that I attended the deceased from
4-15- 1946 to 6-21 1946
that I last saw him alive on 6-20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ischemic Heart Failure
Due to Chronic Myocarditis

Other conditions Biliary Cirrhosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93d

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 J. M. Rodeman (M. D. or other MD)
Address Sedalia Mo Date signed 6-22-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-3-46

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 L. F. Parker

Licensed Embalmer No. 9840

P. O. Address Jedalia 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.