

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26449**

FILED AUG 9 1946

Registration District No. 44

Primary Registration District No. 5146

Registrar's No. 14

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

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Davis Township
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Past 74-years
 years, months or days)

3. (a) PRINT FULL NAME William Widmier
3. (b) If veteran, _____ **3. (c) Social Security**
 name war _____ No. _____

4. Sex Male **5. Color or race** White **6. (a) ~~Single~~, married,** Married
6. (b) Name of husband or wife Ella Widmier **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased March, -10th., -1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>28</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Caldwell County, -Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER, FATHER
12. Name Andrew Widmier
13. Birthplace Not Known, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katharine Simpler
15. Birthplace Not Known, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Reavis Widmier
(b) Address Braymer, Missouri

17. (a) Burial _____ **(b) Date thereof** Aug.-8th-1945
(Burial) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation: Evergreen Cemetery

18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.

19. (a) Date received local registrar July 7, 46 **(b) Registrar's signature** Joan Mills
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Caldwell, 13
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Davis Township
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year _____ hour _____ minute 7:25 M.
21. I hereby certify that I attended the deceased from _____, 1945
 that I last saw him alive on Aug 18, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris **Duration** 5 hrs.
General Arterio Sclerosis over 24
Due to Chr Myo Carditis - over 24

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

Major findings: 9.3 D **PHYSICIAN** _____
Of operations _____
Of autopsy no
 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 _____

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 _____ **(e) Means of injury** _____
(Specify type of place)

23. Signature L. Woodsey **(M. D. or other)** _____
Address Braymer Mo **Date signed** Aug 8-46

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 ~~#####~~

~~#####~~
~~#####~~ Registered Apprentice No. ~~#####~~
~~#####~~

Signed.....

E. P. Michael

Licensed Embalmer No.1363.....

P. O. Address....Braymer, 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.