S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30975

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 295

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: Lewis 56

(a) State Missouri (b) County ~~Marion~~

(c) City or town ~~Hannibal~~ Durham 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 Roger Eugene Wenneker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 18 (Day) 1946 (Year)

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Ira Leach Wenneker Jr
13. Birthplace Marion Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruth Mae Wheeler
15. Birthplace Clay Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Mrs. Ira Wenneker
(b) Address Durham, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Benbow.

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.

19. (a) 9-11-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22 year 1946 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from AUGUST 19, 1946, to AUGUST 22, 1946 that I last saw him alive on 10:30 P.M. AUG. 22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ICTERUS GRAVIS NEONATORUM	4 days
Due to: BLOOD DESTRUCTION, SEVERE — (Rh factor)	
Due to:	
Other conditions: ERYTHROBLASTOSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 16 C

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Daniel B. Landau (M. D. or other)
Address B & L Building, Hannibal, Mo Date signed 8/22/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....Thomas Ball.....

Licensed Embalmer No.....1744.....

P. O. Address.....Ewing, 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.