

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 52

Primary Registration District No. 5782

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural, ~~Appalach~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pocahontas Mo. ~~Shawnee~~
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural, ~~Shawnee~~
(If outside city or town limits, write "RURAL")
(d) Street No. Pocahontas Mo
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Wichtenegger

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased March 2 1850
(Month) (Day) (Year)

8. AGE: Years 96 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Retired farmer

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Nenny Lightenegger
(b) Address Pocahontas Mo

17. (a) Burial (b) Date thereof Oct 18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery
18. (a) Signature of funeral director W E Combs + Sons
(b) Address Jackson Mo

19. (a) 10-27-46 (b) B. S. Sulzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 14
21 1944 to Oct 16 1946
that I last saw him alive on Oct 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____ Of autopsy _____
168 B

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 P D Playlock M D (M. D. or other) _____
Address Oak Ridge Mo Date signed 10-17-46

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

6
0
0

4
1046-2812
10-30-46
Date Filed

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 *BA Meyer*.....

Licensed Embalmer No. *3057*.....

P. O. Address *Jackson 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.