

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33314

FILED NOV 1946
128

State File No. _____
Registrar's No. 845

Registration District No. _____ Primary Registration District No. 5466

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **S. Campbell Twp., Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 yr, 4 mos, 12 days**
5 yr, 4 mos, 12 day
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **North Dakota** (b) County **Ramsey** **999**
(c) City or town **Crary** **32**
(If outside city or town limits, write "RURAL")
(d) Street No. **RURAL** **0**
(If rural, give location) **2**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward L. JOHNSON #3037-H**
3. (b) If veteran, (True Name-Alfred. (c) Social Security name war. **Roy Wilhelm** No _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **20**
year **1946** hour **8** minute **15** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 24 1908**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 28**
19 41 to **October 20,** 1946;
that I last saw h **im** alive on **October 20,** 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
37 **19** **26** _____ hr. _____ min.

Immediate cause of death **Bronchopneumonia, bilateral, atypical** Duration **approx. 7 days**

9. Birthplace **Devils Lake North Dakota**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions **Dementia precox, catatonic type.**

10. Usual occupation **Farmhand**

(Include pregnancy within 3 months of death)

11. Industry or business **Farming**

Major findings:
Of operations _____

12. Name **Walter Wilhelm**

Of autopsy **107**
Underline the cause to which death should be charged statistically.

13. Birthplace **? IOWA**
(City, town, or county) (State or foreign country)

14. Maiden name **May (Cavanaugh) Wilhelm**

15. Birthplace **? Montana**
(City, town, or county) (State or foreign country)

16. (a) Informant **File**

(b) Address **MCFP**

17. (a) (b) Date thereof **unknown**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Omak, Washington**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**
SPRINGFIELD, MISSOURI

(b) Address _____
19. (a) **Oct 21-46** (b) **W E Handley M.D.**
(Date received local registrar) (Registrar's signature)

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 **(i)**

23. Signature **E W Mouchard** (M. D. **XXXX**)

Address **Med. Center, Fed. Pris.** Date signed **10-22-46**

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

32142

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(Licensed Embalmer's Statement on Reverse Side)

Springfield, Missouri

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.....

C. A. Raug

Licensed Embalmer No.....*3044*.....

P. O. Address.....*Springfield, Missouri*.....

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.

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