

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9558

FILED MAR 21 1947

Registrar's No. 5-5

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Indep. Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Minutes
(Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles East of Buckner
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William F. Wehrli

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eva Wehrli 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec 23 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Louis Wehrli 5

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

14. Maiden name Ida Camber

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

16. (a) Informant Mrs George Peglar

(b) Address 423 N. Spring St. Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Dillon L. Repley
(b) Address Independence, Mo.

19. (a) 2-25-47 (Date received local registrar) (b) J. J. Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1947 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner, 1947, to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death crush fracture of pelvis
Due to stroke

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 2-22-47 48
(c) Where did injury occur? Buckner Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) (e) Means of injury Falling tree

23. Signature J. J. Craig (M. D. or other)
Address 1444 N. 4th Date signed 2-23-47

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

48
4
4

MOTHER FATHER

354

MAY 5 1946

APR 9 1947

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.....

R. A. Bluffeth

working under my personal supervision.

Registered Apprentice No. *451*

Signed *Dixon L. Kesley*

Licensed Embalmer No. *4225*

P. O. Address *Anders MD*

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.