

Registration District No. **57** Primary Registration District No. **5202**

1. PLACE OF DEATH:
(a) County **Carroll**
(b) City or town **"Rural" Eugene Township**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years**
In this community **50 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Carroll 17**
(c) City or town **"Rural"**
(d) Street No. **Wakenda, Mo. R.F.D.#2**
(If rural, give location)
(e) Citizen of foreign country? **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **HENRY JOHN WIEDY (Wiedey)**
(b) If veteran, name war **/**
(c) Social Security No. **/**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **23** year **47** hour **7** minute **A.** M.

4. Sex **M. 0** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wilhelmina Eickmeier**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **June 5 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1, 1947** to **April 23, 1947**
that I last saw him alive on **April 23, 1947**
and that death occurred on the date and hour stated above.
Immediate cause of death **Creeping Paralysis 3 yrs.**
Duration **3 yrs.**

8. AGE: Years Months Days If less than one day
67 10 19 hr. min.

Due to **/**
Due to **/**

9. Birthplace **Manhattan Kans.**
(City, town, or county) (State or foreign country)

Other conditions **82**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farming**

Major findings: Of operations **/**
Of autopsy **/**

11. Industry or business **/**
12. Name **John Wiedy**
13. Birthplace **Germany**
14. Maiden name **Wilhelmina Leimkuehler**
15. Birthplace **St. Charles. Mo.**
(City, town, or county) (State or foreign country)

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? **/**

16. (a) Informant **Mrs. Henry Wiedy**
(b) Address **Wakenda, Mo. R.F.D.#2**
17. (a) **Removal** (b) Date thereof **4/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles, Mo.**
18. (a) Signature of funeral director **Standley & Gibson**
Carrollton, Mo.
(b) Address **/**

23. Signature **Carrollton, Mo.** Date signed **April 28 1947**
While at work (Specify type of play) (e) Means of injury **/**

19. (a) **Apr. 28-1947** (b) **Pearl Koch**
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

77

RECEIVED

Health Officer No. 8.

District File No. or

Date Filed 5-7-47

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W.

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.