

FILED AUG 19 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4218

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 East Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 Months & 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Sophia Wichman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Wichman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 27th 1857
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 5 If less than one day hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Gerd Muller
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Bleidelwise
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Theodore Harms

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Aug 5th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E. H. Dehning

(b) Address Cole Camp Mo

19. (a) 8-10-47 (b) R. P. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from 2:25 to 4:47
that I last saw her alive on July 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myo-Carditis Duration 3

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or D. O.)
Address [Address] Date signed Aug 5-47

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

2
2
0

RECEIVED
District Health Officer No. 24
7-17-96
District 3
8-18-97
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..... *E. L. Eichroff*
Licensed Embalmer No. 730
P. O. Address. Cole Camp 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.