

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30069**

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Scott** 100

(b) City or town **Sikeston** 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
218 E. Kathleen 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: **40** years. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott** 100

(c) City or town **Sikeston** 5
(If outside city or town limits, write "RURAL")

(d) Street No. **218 E. Kathleen** 2
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Essie Opal Werneck**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **June** day **30**
year **1947** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **6-30** 19**47**, to **6-30** 19**47**, that I last saw her alive on **6-30** 19**47**, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William Henry Werneck** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **March 20 1884**
(Month) (Day) (Year)

Immediate cause of death **Cardiac failure** Duration

Due to **Coronary Occlusion**

Due to _____

8. AGE:

Years	Months	Days	If less than one day
63	3	10	hr. _____ min.

9. Birthplace **Kansas** /
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER

12. Name **Louis A. Johnson**

13. Birthplace **Denmark** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Frances**

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94A**

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Wm. Werneck**

(b) Address **Sikeston, Missouri**

17. (a) **Burial** (b) Date thereof **7/2/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Morley, Missouri**

18. (a) Signature of funeral director **Welsh Funeral Home**

(b) Address **117 E. Center Sikeston Missouri**

19. (a) **7-27-47** (b) **Mrs. T.F. Henry**
(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)

Means of injury _____

23. Signature **Alden P. Sargent** M.D. or other **7-24-47**

Address **Sikeston, Mo.** Date signed **(9-10-47)**

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

36541

RECEIVED

District Health Office No. 2,

District File Number 747-1048

Date Filed 7-31-47

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.