

S. No. 2
DM-2-43
v. 5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42563**

FILED JAN 8 1948

Registration District No. **272**

Primary Registration District No. **4403**

Registrar's No. **137**

1. PLACE OF DEATH:

(a) County **Franklin**

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

(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)

In this community **2 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elmer Jesse Wahl**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **July 20 1899**
(Month) (Day) (Year)

8. AGE: Years **48** Months **4** Days **7** If less than one day hr. min.

9. Birthplace **Evansville Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **-**

MOTHER FATHER { 12. Name **George A Wahl**

13. Birthplace **Evansville Ind**
(City, town, or county) (State or foreign country)

14. Maiden name **Olue Ester Spring**

15. Birthplace **Evansville Ind**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Wahl**

(b) Address **Blytheville Ark**

17. (a) **Burial** (b) Date thereof **11-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation **Blytheville Ark**

18. (a) Signature of funeral director **John Edward Jones**

(b) Address **Blytheville Ark**

19. (a) **11-21-48** (b) **L. J. Oldeman**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ark** (b) County **Miss 999**

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

(d) Street No. **5**
(If rural, give location)

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

If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27**
year **1947** hour **-** minute **-** M.

21. I hereby certify that I attended the deceased from **-** 19 **-** 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 **unknown as this man was found dead.** Duration

Due to **died without medical attention**

Due to **-**

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

Major findings: Of operations **zoo**

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? **-**

(Specify type of place) **-** (e) Means of injury **3**

23. Signature **Jack Kelley** (M-D or other) **Coroner**

Address **Hayth. Mo** Date signed **11-28-48**

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

1-48-10

JAN 15 1948

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 *J. R. Stowell*

Licensed Embalmer No. *3100*

P. O. Address *By Hazelle*

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.