FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

921

State File No. .....

Registration District No. 107 Primary Registration District No. 5510 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Brownington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home - Fairview Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Brownington, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Fairview Twp (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EDWARD P. WIRTH
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 17 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Brownington, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Rail Road
11. Industry or business .....
FATHER
12. Name Christian A. Wirth
13. Birthplace Weisbaden Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Dietz
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mabel Whitworth
(b) Address Clinton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brownington Cem.
18. (a) Signature of funeral director T. L. Jansen
(b) Address Clinton Mo
19. (a) 1-5-48 (Date received local registrar) (b) R. P. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1948 hour 7:35 minute P.M.
21. I hereby certify that I attended the deceased from Jan 3 1948 ....., 19....., to Jan 3 1948, that I last saw him alive on Jan 3 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Jan 3 1948
(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)
While at work? ..... (e) Means of injury .....
23. Signature D.C.R. Townsend HO (M. D. or other)
Address Dupont Mo Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1948

RECEIVED
District Health Officer No. 7,
District File Number 12-42-8067
Date Filed 1-12-48

FEB 10 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 H. L. Vausant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.