S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3647

Registration District No. 329 Primary Registration District No. 4480 Registrar's No. 3

1. PLACE OF DEATH:

(a) County ~~ADAIR~~ SCHUYLER

(b) City or town GREENTOP MO
(If outside city or town limits, write "RURAL" and name of 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 ..... (Specify whether
In this community 4 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SCOTLAND 99

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

(d) Street No. 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME THEODORE H. WIEGNER

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

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

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased JAN (Month) 14 (Day) 1858 (Year)

8. AGE: Years 90 Months 0 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace FRANKLIN (City, town, or county) IOWA (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business .....

FATHER
12. Name JACOB WIEGNER
13. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name AUGUSTA KRIENBOUM
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant C. J. Wiegner
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMPHIS CEMETERY

18. (a) Signature of funeral director D. W. Payne & Sons
(b) Address Memphis Mo

19. (a) 1.26.1948 (Date received local registrar) (b) Mrs. A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1-17-, 1948 to 1-21, 1948;
that I last saw him alive on 1-21, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infirmities of old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

162B

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)
While at work? ..... (e) Means of injury .....

23. Signature C. H. Van Ordal DO (M.D. or other)
Address Van Ordal Hosp. Date signed 1-24-48
Greentop, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 148137
Date Filed JAN 27 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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.