

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED JUN 30 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **19906**  
Registrar's No. **151**

Registration District No. **157**

Primary Registration District No. **55-86**

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

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **rural — Marion township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2 miles north of Carthage on #71**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **---** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **CARL HENRY WACKER**

**3. (b) If veteran, name war** **none** **3. (c) Social Security No.** **none**

**4. Sex** **male** **0** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**

**6. (b) Name of husband or wife** **Louise Wacker** **6. (c) Age of husband or wife if alive** **66** years

**7. Birth date of deceased** **August ? 1875**  
(Month) (Day) (Year)

**8. AGE:** Years **72** Months **10** Days **?** If less than one day hr. min.

**9. Birthplace** **unknown Illinois**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **farmer self**

**11. Industry or business**

**12. Name** **unknown**

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

**14. Maiden name** **unknown**

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

**16. (a) Informant** **Olin Wacker**  
(b) Address **Denver, Colorado.**

**17. (a) removal** (b) Date thereof **June 18, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wray, Colorado.**

**18. (a) Signature of funeral director** **Knell Mortuary**  
(b) Address **Carthage, Missouri.**

**19. (a) 6-18-1948** (b) **J. B. Centor**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Howell** **46**  
(c) City or town **Brandsville** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Route** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **yes** (Yes or No) **1**  
If yes, name country **MO**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **17**  
year **1948** hour **2** minute **20** **PM**

**21. I hereby certify that I attended the deceased from** **1948** to **1948**  
**did not attend**  
that I last saw him/her alive on **June 17, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Due to **Coronary Occlusion**  
Due to **Coronary Occlusion**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/48**  
Of autopsy **Coronary Occlusion**  
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) **2/48**  
**23. Signature** **J. B. Centor** (M. D. or other)  
Address **5114 1/2** Date signed **6/17/48**

(Licensed Embalmer's Statement on Reverse Side)

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**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 Robert H. Knell  
Licensed Embalmer No. 4459  
P. O. Address Carthage

**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.**