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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 155

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19907

Primary Registration District No. 4245

Registrar's No. 100

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

9
0
0

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Oronogo, Mo.
(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)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Oronogo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Charles Edgar Wetsel

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Oct (Month) 5 (Day) 1875 (Year)

8. AGE: Years 72 | Months 8 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Oronogo, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Garage Operator

11. Industry or business: Wetsel Garage

MOTHER FATHER

12. Name: Milton Wetsel

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Fredonia Martin

15. Birthplace: Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant: L. B. Wetsel

(b) Address: Oronogo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 6, 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Oronogo Cem.

18. (a) Signature of funeral director: Johnston-Arnce-Simpson Mortuary

(b) Address: Webb City, Mo.

19. (a) JULY 8, 1948 (Date received local registrar) (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to ____

Due to ____

Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

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)

While at work? ____ (e) Nature of injury ____

23. Signature ____ (M. D. or other)

Address ____ Date signed 7/7/48

(Licensed Embalmer's Statement on Reverse Side)

JOPLIN, MO

48-6-589

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Harry E. Crane

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.