

Registration District No. 383

Primary Registration District No. 5655

State File No. \_\_\_\_\_

Registrar's No. 68

1. PLACE OF DEATH:  
(a) County Laurie  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In Ambulance on Highway 60  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Henry Wiehe  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Anna Wiehe 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased: Sept 19 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt Vernon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Charley Wiehe  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rahmiller  
15. Birthplace Hoyattton Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Johnny Wiehe  
(b) Address Rt 1 Mantworth, Mo.

17. (a) Burial (b) Date thereof Apr. 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Evangelical Cemetery, Holley, Mo.

18. (a) Signature of funeral director H. D. Lovett  
(b) Address Mt Vernon, Mo.

19. (a) 6-13-48 (b) Carl Hendrich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Laurie  
(c) City or town Mantworth, Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 1 (If rural, give location) 55  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 7:00 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from April 11 1948 to April 11 1948  
that I last saw him alive on April 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death suicide  
Duration 1 hour

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings Of operations P. A. Halmer  
Of autopsy 1648

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) suicide  
(b) Date of occurrence April 11, 1948  
(c) Where did injury occur? at his home  
(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)  
(e) Means of injury gun  
23. Signature P. A. Halmer (M. D. certifier)  
Address Mt Vernon Mo Date signed 21-19-48

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

2  
-43  
-39  
37823

RECEIVED

District Health Officer No. 6

District File Number 648-688

Date Filed JUN 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.....

By *me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Max S. Treadwell*

Licensed Embalmer No. *4252*

P. O. Address *Mt. Vernon, Va.*

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.