

FILED JUL 12 1948

Registration District No. 250

Primary Registration District No. 4374

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Clyde, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benedictine Convent 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 43 yrs. 9 mo. 13 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Clyde
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Jefferson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country American citizen

3. (a) PRINT FULL NAME Sister M. Thekla Wendt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 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 July 6 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 22 hr. min.

9. Birthplace Bavaria - Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Benedictine Convent

12. Name Anton Wendt

13. Birthplace Bavaria - Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Balg

15. Birthplace Bavaria - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Brother M. Dalrossa
(b) Address Benedictine Convent

17. (a) Burial (b) Date thereof 8-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Convent Cemetery

18. (c) Signature of funeral director H. H. ...
(b) Address Creighton St. Mo
19. (a) 6-30-48 (b) Mrs. E. A. ...
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 28
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 9 1945, to June 28 1948,
that I last saw him alive on June 28 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary hemorrhage

Due to Carcinoma of Bronchus

Due to _____

Other conditions Dissemination of neoplasms
(Include pregnancy within 3 months of death)

Major findings: Of operations HU
Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature H. C. Baumgartner M.D.
Address 1312 ...

Duration 7 1/2 hrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Leroy H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stacy 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.