

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26890

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Acisora Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Paris City mo 40
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 Miles East of Paris City Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HERMAN WILD

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 48 hour 6 minutes 20 P.M.

21. I hereby certify that I attended the deceased from 7/27
1948, to 8/3, 1948.

that I last saw him alive on 8/1, 1948,
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W

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 FEB 18 1880
(Month) (Day) (Year)

Immediate cause of death sepsis

Duration 3 weeks

Due to _____

Due to _____

8. AGE: Years 68 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Paris City, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salaman

Other conditions Multiple pyogenic infection 2 weeks

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: none

Of operations _____

Of autopsy 132

MOTHER FATHER

11. Industry or business _____

12. Name Bernard E. Wild 11

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

14. Maiden name Glise Thiene

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

16. (a) Informant Carl Wild

(b) Address Paris City, Mo

17. (a) Burial (b) Date thereof Aug 5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Country Paris City Mo

18. (a) Signature of funeral director Wesley Kords

(b) Address Paris City, Mo

19. (a) 8-5-48 (b) Olaf Me Nette
(Date received local registrar) (Registrar's signature)

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 William J. Strawn (M. D. or other) MD

Address M. T. Vernon, Mo Date signed 8/4/48

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

RECEIVED

District Health Officer No. 6,

District File Number 848-958

Date Filed AUG 18 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~~.....

Edwin P. Wilks

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address.....

Pine 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.