S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30194

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jefferson.

(b) City or town Vineland, Route #2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vineland, Route #2. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson. 50

(c) City or town De Soto (If outside city or town limits, write "RURAL")

(d) Street No. Vineland, Route #2 (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Henry William Viehman.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MU

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ARMINTA Wolf

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

7. Birth date of deceased April (Month) 25 (Day) 1869 (Year)

8. AGE: Years 79 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) ILL (State or foreign country)

10. Usual occupation Retired, Furnace Foreman.

11. Industry or business Sligo Furnace Co.

FATHER
12. Name George William Viehman
13. Birthplace Not Known. (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kolb.
15. Birthplace Not Known. (City, town, or county) Germany. (State or foreign country)

16. (a) Informant A. M. Viehman.

(b) Address Vineland, Route #2

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 2-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Sligo, Mo.

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto, Mo.

19. (a) 10/1/48 (Date received local registrar) (b) Marie Farris (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 30 Dec 1946 to 29 Sept 1948 that I last saw him alive on 18 aug 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	yrs
arterio-sclerotic	
Due to cardio-vascular	
renal disease	yrs.
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) Means of injury

23. Signature Noel V. McKinstry (M. D. or other) M.D.

Address De Soto, Mo. Date signed 1 Oct 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
OCT 8 1948
Date Filed

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 Andrew H. England, Registered Apprentice No. 232, working under my personal supervision.

Signed Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.