

NO. 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35823
Do not use this space.

1. PLACE OF DEATH
(a) County Holt Registration District No. 272
(b) Township BEATON Primary Registration District No. 4218 Registered No. 975
(c) City MOUND CITY (d) Street No. _____
(e) Length of residence in city or town where death occurred 640 yrs. 10 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT L. WEHRLE
(a) Residence, No. MOUND CITY MO St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. EMMA M WEHRLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-91-1876
7. AGE YEARS 62 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Nov-1937 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOUND CITY MO
13. NAME PETER WEHRLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AARAN SWITZERLAND
15. MAIDEN NAME MARY VOGEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN SWITZERLAND
17. INFORMANT MRS. E. M. WEHRLE (ADDRESS) MOUND CITY MO
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 10-20 1938
19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO
20. FILED adw 1938 J. C. Cunn Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to Oct 18 1938
I last saw him alive on Oct 17 1938 at 5:30 p.m. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Date of onset 9/4/38
Other contributory causes of importance: _____
Name of operation History of Pharynx Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. Perry M. D.
(Address) Mound City Mo
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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)