

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

10372
Do not use this space.

REC'D APR 15 1938

1. PLACE OF DEATH

(a) County Cape Registration District No. 126
 (b) Township Wabbe Primary Registration District No. 5174B Registered No. 2
 (c) City Gordonville (d) Street No. Gordonville R.F.D. # 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William H. Wessel

(a) Residence, No. Gordonville, Mo. R.F.D. # 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Emma Seivers		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1867		
7. AGE YEARS 71	MONTHS 3	DAYS 23
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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) Gordonville, Mo. (STATE OR COUNTRY)		
13. NAME Henry Wessel		
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)		
15. MAIDEN NAME Caroline Luecke		
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)		
17. INFORMANT Mrs. Emma Wessel (ADDRESS) Gordonville R.F.D # 1		
18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Lutheran Cem March 12 1939		
19. FUNERAL DIRECTOR (NAME) L.L. Haman (ADDRESS) Cape Girardeau, Mo.		
20. FILED 3/17 1939 Mrs. M. M. Ford Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **6-29 1935** to **3-9 1939**

I last saw him alive on **3-9 1939** Death is said to have occurred on the date stated above, at **3:00 P.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
 Date of onset **3-6-39**
 Other contributory causes of importance:
arteriosclerosis and hypertension (6-29-35)

Name of operation **none** Date of _____
 What test confirmed diagnosis? **none** Was there an autopsy? **no**

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) **R.G. Ritter**, M. D.
 (Address) **Cape Girardeau, Mo.**

N. B.—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.

16

Rutter

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 *L. L. Hamman*.....

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.