

DEED MAY 10 1939

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

16243

Do not use this space.

## 1. PLACE OF DEATH

(a) County Saline. Registration District No. 799  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4479 Registered No. 17  
 (c) City Slater. (d) Street No. \_\_\_\_\_  
 (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Gruba Wessendorf

(a) Residence, No. Slater, Missouri. 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 Female 4. COLOR OR RACE White 5. ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-13-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
71 8 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN), Warrenton, Missouri.  
(STATE OR COUNTRY)13. NAME Garrett Schnick 014. BIRTHPLACE (CITY OR TOWN), Germany 6  
(STATE OR COUNTRY)15. MAIDEN NAME Dora Archer 016. BIRTHPLACE (CITY OR TOWN), St Charles Co, Mo.  
(STATE OR COUNTRY)17. INFORMANT William Wessendorf.  
(ADDRESS) Slater, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Warrenton, Mo DATE April-30-3919. FUNERAL DIRECTOR (NAME) Jones & Salzer  
(ADDRESS) Slater, Mo.20. FILED April 28 1939 W. M. Tuttle  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-27-1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st 1939, to Apr. 27, 1939  
 I last saw her alive on Apr. 27, 1939. Death is said to have occurred on the date stated above, at 8.30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Eudovate etc. death. Date of onset 1939

Other contributory causes of importance:

Heart Infection True

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. S. Tuttle, M. D.

(Address) Slater, Mo 799

**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.....

*J. E. Jones*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**