

SEP 12 1939

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

28546  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township Columbia Primary Registration District No. 30.06 Registered No. 163  
(c) City Columbia or (d) Street No. Boone County Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MILDRED CHAPMAN WERKHEISER  
(a) Residence, No. Rockport, Mo. St.  (If nonresident, give city or town and State)

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 William C. Werkheiser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
70 8 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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) (STATE OR COUNTRY) Rockport, Missouri

FATHER 13. NAME Thomas Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England, England

MOTHER 15. MAIDEN NAME Joseph Hulft

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Missouri

17. INFORMANT (ADDRESS) Mr. Eugene Benfield, Rockport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport, Mo. DATE 8-10-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chapman, Columbia, Mo.

20. FILED 8/10/39 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1939, to Aug. 9, 1939  
I last saw him alive on Aug 8, 1939. Death is said to have occurred on the date stated above, at 12:20h.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia  
Malaria  
59  
Other contributory causes of importance: Diabetes Mellitus  
Date of onset 8-8-39

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

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.

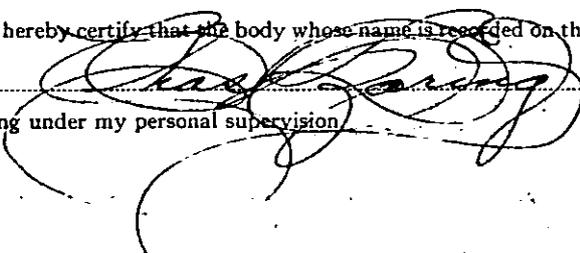
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) James M. Baker M. D.  
Columbia, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.

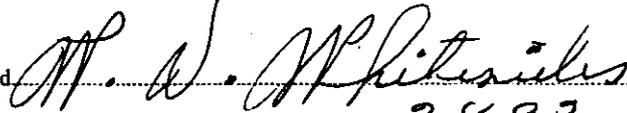
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

  
working under my personal supervision

Registered Apprentice No. 161

Signed

  
Licensed Embalmer No. 3893

P. O. Address

Calumppia 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, above space should be left blank.