

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

6574  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Gasconde Registration District No. 304  
 (b) Township Richland Primary Registration District No. 5421  
 (c) City or City (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 4 (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** JOHN AUGUST WETTLING

(a) Residence, No. \_\_\_\_\_ 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 Katherine wettling  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 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) 9/30/39  
 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swiss Missouri

FATHER 13. NAME Micheal wettling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER 15. MAIDEN NAME Unkown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unkown

17. INFORMANT (ADDRESS) Mrs. Katherine wettling Hermann, MO RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Swiss Ev. Cem DATE 3/19/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HUGO H. Blumer Hermann, MO

20. FILED 3-20 1940 F. L. Kicker Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939 to March 16th, 1940  
 I last saw him alive on March 12th, 1940. Death is said to have occurred on the date stated above, at 2 a. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset July 1939  
Carcinoma of Liver  
 Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Symp. 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) E. G. Rhodius M. D.  
Bay, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

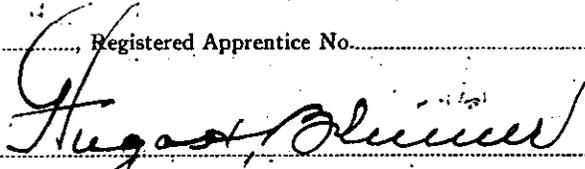
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X18695

**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.....



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.**