

MAY 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15050

Registration District No. 388

Primary Registration District No. 55402

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howell
(b) City or town RURAL Sisson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Plains, Mo. Route 2. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community 32 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West Plains, Mo. Rt. 2.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARTHA WENZ 520

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Wenz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26 1875
(Month) (Day) (Year)

8. AGE: Years/ Months Days If less than one day
66 7 2 hr. min.

9. Birthplace Chamois, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own farm.

MOTHER FATHER { 12. Name Francis Peters

13. Birthplace Holland
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Nelson

15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Wenz
(b) Address West Plains, Mo. Rt. 2

17. (a) Burial (b) Date thereof Apr 30, 1940
(Burial, cremation, or removal) St. Joseph's Cem. (Month) (Day) (Year)

(c) Place: burial or cremation Sisson Twp.

18. (a) Signature of funeral director Hal Stamborough
(b) Address West Plains, Mo.
19. (a) May 7 1940 (b) Miss Pearl Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-8, 1940, to 4-28, 1940;
that I last saw her alive on 4-14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Carcinoma of Stomach

Due to Carcinoma of Stomach

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration 3 wks.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 850
(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature E. Rouse Botner (M. D. or other) M.D.
Address West Plains, Mo. Date signed 5-3-40

WHICH FATHER USE UNFADING BLACK INK—MAKE 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 119511

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.

RECEIVED

District Health Officer No. 5,

District File Number 542 570

Date Filed 5-10-40

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-050

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 388

Primary Registration District No. 5542

Registrar's No. 5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Mission T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community: years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Martha Wenz
3. (b) If veteran, name war: No.
3. (c) Social Security No.

4. Sex: 7
5. Color or race: W
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife:
6. (c) Age of husband, or wife, if alive: 1875 years

7. Birth date of deceased: Sept 26 1875
(Month) (Day) (Year)

8. AGE: Years 64 7 2
Months 7 2
Days 2
If less than one day: hr min.

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER { 12. Name.

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name. (City, town, or county) (State or foreign country)

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant.
(b) Address.

17. (a) (b) Date thereof: (Month) (Day) (Year).

(c) Place: burial or cremation.

18. (a) Signature of funeral director.
(b) Address.

19. (a) June 8, 1940 (b) Mrs Pearl Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: (b) County:
(c) City or town: (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

20. DATE OF DEATH: Month: apr day: 28
year: 1940 hour: minute: M.

21. I hereby certify that I attended the deceased from: 19: to: 19:
that I last saw him alive on: 19:
and that death occurred on the date and hour stated above.
Immediate cause of death:

Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury:

23. Signature: E. Royce Ruben (M. D. or other)
Address: West Plains, Mo. signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

