S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

Registration District No. 242

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6895

Primary Registration District No. 5-410

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Berger (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: Berger (If outside city or town limits write "RURAL") 0

(d) Street No. ____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? Yes USA 0 years.

3. (a) PRINT FULL NAME: Joseph Wilding

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: March (Month) 3rd (Day) 1867 (Year)

8. AGE: Years 73 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Berger, (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation: Carpenter- retired

11. Industry or business:

FATHER 12. Name: Emert Wilding

13. Birthplace: Germany 4 (City, town, or country) (State or foreign country)

MOTHER 14. Maiden name: nee Windolf

15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Joseph Wilding

(b) Address: Berger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 24 41 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Pauls Catholic Cem.

18. (a) Signature of funeral director: Herman Blume

(b) Address: Berger Mo 2665

19. (a) Feb 23/41 (Date received by local registrar) (b) Jeffie Grossmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1941 hour 4.55 minute A M.

21. I hereby certify that I attended the deceased from FEBRUARY, 19 41, to February 22, 19 41 that I last saw him alive on Thursday, Feb. 20, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: General arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 94 N

Major findings: Of operations:

Of autopsy:

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury: 27

23. Signature: C. A. Pace (M. D. or other) D.O.

Address: Berger, Mo Date signed 2/23/41

(Licensed Embalmer's Statement on Reverse Side)

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 Herman Blanner

Licensed Embalmer No. 528

P. O. Address Bunge, 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.