

DEC 15 1941

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

39739

Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 881
(b) Township Rural, Elkhorn Primary Registration District No. 6171
(c) City or Town Warrenton (d) Street No. 109
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 3
(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.

Registered No. 32

2. PRINT FULL NAME

Albert Wehman
(a) Residence, No. Warren County, Mo. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. A. Wehman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1857

7. AGE YEARS 84 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) at 1941
11. Total time (years) spent in this occupation at 1941

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Mo.13. NAME William Wehman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Schuytle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Clinton Bolton (ADDRESS) Jonesburg, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE Nov 24 4119. FUNERAL DIRECTOR (NAME) Earl A. Harding (ADDRESS) Jonesburg, Mo.20. FILED Nov 25 1941 Warrenton, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1941, to Nov 22 1941.
I last saw him alive on Nov 21 1941. Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic prostatitis
Chronic myocarditis

Date of onset 2 years

Other contributory causes of importance:

Name of operation Prostatectomy Date of 9/11/41
What test confirmed diagnosis? None 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 Charles L. Garcia M. D.
(Signed) Warrenton, Mo.
(Address)

867

(Licensed Embalmer's Statement on Reverse Side)

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 X18605

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 Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.