

JAN 13 1942 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
817 So 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 21 yrs
 years, months or days)

3. (a) PRINT FULL NAME John Dick Wefer3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Apr. 30 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 7 27 hr. _____ min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name J. H. Wefer13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna Mehnle15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Henry Wefer(b) Address 817 So 10th17. (a) Removal (b) Date thereof 12-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Williamsburg, Iowa18. (a) Signature of funeral director Freeman Louke(b) Address St Joseph Mo19. (a) 12-27-1941 (b) A. G. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 817 So 10
 (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1941 hour 3 minute 15 A M.21. I hereby certify that I attended the deceased from on
Dec 27, 1941, to _____, 1941;that I last saw him alive _____, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic Pneumonia
Cold Duration 3 days
2 weeks

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy NO

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?
3

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

23. Signature H F Mundy (M. D. or other) (Coroner)Address 404 So 3d Date signed 12/27/41

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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~~

Dec 27, 1941

....., Registered Apprentice No.

working under my personal supervision.

Signed

Geo E Dornick

Licensed Embalmer No.

3300

P. O. Address,

St Joseph, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41427

Registration District No. 85

Primary Registration District No. 100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(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 _____ (Specify whether
In this community 21 yrs.
years, month or days)

3. (a) PRINT FULL NAME John Dick Wefer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Apr. 30, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 17 (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

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

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

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
_____ 19____

that I last saw him/her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Right Lobar Pneumonia 3 days

Due to Cold 3 weeks

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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? _____

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

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 1/30/42

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

SUPPLEMENTARY

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S-41427