

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11373

State File No.

FILED APR 24 1942
Registration District No. 533

Primary Registration District No. 432-65747

Registrar's No. 18

1. PLACE OF DEATH:

(a) County. **Mercer**
(b) City or town. **Washington**
(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. **1**
(Specify whether
In this community. **2 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Mercer**
(c) City or town. **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **So. of Princeton, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **John H. Wendt**

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

4. Sex. **Male** 0 5. Color or race. **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Mary Wendt** 6. (c) Age of husband or wife if alive. **53** years

7. Birth date of deceased. **July 30 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 **7** **4** hr. min.

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

10. Usual occupation. **Farmer**

11. Industry or business.

12. Name. **Andrew Wendt**
13. Birthplace. **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name. **Margaret Gose**
15. Birthplace. **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mary Wendt**
(b) Address. **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof. **3-6-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. **Half Rock**

18. (a) Signature of funeral director. **North Central Home**
(b) Address. **Princeton, Mo.**

19. (a) **3-7-42** (b) **Jessie Alley**
(Date received local registrar) (Registrar's signature)
1117 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **March** day. **5**
1942 year. hour. **7** minute. **30 A.M.**

21. I hereby certify that I attended the deceased from **March 2** 19 **42** to **March 5** 19 **42**; that I last saw him alive on **March 2** 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death. **Coronary Disease superimposed on a Chronic valvular heart with myocardial insufficiency and decompensation.**
Found dead in bed at 7:30 a.m.

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

Major findings: Of operations. **None**
Of autopsy. **None made.**

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). **None**
(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. **Princeton, Mo.** (M. D. or other) **M.D.**
Address. **Bristow Bldg.** Date signed. **3/5/42**

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

MOTHER FATHER

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 *J. Ivan Martin*
Licensed Embalmer No. *3760*
P. O. Address *San Antonio, 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.