V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1943

Registration District No. 71 — Primary Registration District No. 3012 — Registrar's No. 195-

24
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1

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administrati on Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos., 18days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County Unknown 0

(c) City or town Crocker, Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Jacob Phillip Wilhelm.

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Grace Wilhelm

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

7. Birth date of deceased June (Month) 24 (Day) 1896 (Year)

8. AGE: Years 46 | Months 5 mos. | Days 26 | If less than one day 10 hr. 10 min.

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

10. Usual occupation None

11. Industry or business Pre-war Mining

FATHER
12. Name Henry Wilhelm
13. Birthplace (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name Mary Prater
15. Birthplace (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Hospital Records, Veterans
(b) Address Administration, Excelsior Spgs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker, Mo.

18. (a) Signature of funeral director PAUL HOOPS
(b) Address Crocker, Mo.

19. (a) 12-22-42 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 3, 1942, 19 to Dec. 21, 19 42
that I last saw him alive on Dec. 21, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Diagnosis-Tuberculoses Pulmonary, chronic, far advanced, active.

Due to no Autopsy.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As shown above.

Duration

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

13 P

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

23. Signature S. Netter, M. D. (M. D. or other)
Address Veterans Administration Excelsior Spgs. Mo. Date signed 12-21-42

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-48

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 Chas Virgil Hope

Licensed Embalmer No. B-950

P. O. Address Excelsior Springs

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.