

S. No. 2  
-9.4.41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41161**  
Registrar's No. **66**

FILED JAN 11 1943

Registration District No. **171**

Primary Registration District No. **5637**

54  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Napoleon (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **several years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

(c) City or town **Napoleon (Rural)**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **HENRY C. WILDSCHUETZ**

3: (b) If veteran, name war **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Pauline** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **May 7 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **11** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **same**

MOTHER FATHER

12. Name **Christen Wildschuetz**

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

14. Maiden name **Schlusberg**

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

16. (a) Informant **Mrs Pauline Wildschuetz**

(b) Address **Napoleon MO**

17. (a) **Burial** (b) Date thereof **12-1-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Ray Keesen**

(b) Address **Wellington MO**

19. (a) **Dec-9-1942** (b) **Mr W. Baker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**  
year **1942** hour **2:40** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Nov 14**  
1942, to **Nov 28** 1942  
that I last saw him alive on **Nov 27** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **94a**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Joseph W. Robertson** D. or other) \_\_\_\_\_  
Address **Buckner MO** Date signed **11-29-42**

RECEIVED

District Health Officer No. 8,

Project File Number \_\_\_\_\_

Date Filed 1-8-43

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

*W. Roy Ewen*

Licensed Embalmer No. 4305

P. O. Address Wellington, 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.