

AUG 7 1943  
Registration District No. 118

Primary Registration District No. 4188

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

1. PLACE OF DEATH:  
(a) County GASCONADE  
(b) City or town OWENSVILLE  
(c) Name of hospital or institution:  
OWENSVILLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM EDWARD WENKEL  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. 499-01-5769

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ROSA WENKEL (NEE ARNOLD) 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased JUNE 13 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>4</u>	hr. min.

9. Birthplace CHAMPION CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business CLAY HAULING

12. Name FREDERICK WENKEL

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

14. Maiden name VERONA DENIER

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

16. (a) Informant LUTHER WENKEL

(b) Address MILWAUKEE WISCONSIN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY SEN

18. (a) Signature of funeral director W. F. Hatter  
(b) Address Owensville Mo.

19. (a) July 19 1943 (Date received local registrar) (b) Myrtle M. Wendel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County GASCONADE  
(c) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. OWENSVILLE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 3 minute 15 AM.

21. I hereby certify that I attended the deceased from July 1 1943 to July 17 1943; that I last saw him alive on July 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation - Right Heart Duration 24 Hrs.

Due to Left Hemiplegia on hypertensive basis - hemorrhage 17 dys.  
Due to Arteriosclerosis 5 yrs.

Other conditions Hypertension 5 yrs.  
(Include pregnancy within 7 months of death)

Major findings: Of operations None Of autopsy None  
PHYSICIAN None  
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) Means of injury \_\_\_\_\_  
23. Signature Paul A. Brown (M. D. or other) Address Owensville, Mo. Date signed 7-17-43

AUG 11 1948

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 M.  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Milford N. N. Winter  
Licensed Embalmer No. 3838  
P. O. Address Owensville 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.