

S. No. 2
1-1-41
5-17-39
1 X2839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25392
State File No. _____
Registrar's No. 41

Registration District No. 171

Primary Registration District No. 4265

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Napoleon
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Napoleon
(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 August F. Wegener

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Gertrude Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 22 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miller

11. Industry or business Elevator & Mill

12. Name August Wegener

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

14. Maiden name Henrietta Neiman

15. Birthplace Franklin, Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wegener

(b) Address Napoleon, Mo.

17. (a) Burial (b) Date thereof 7-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Napoleon, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Wellington, Mo.

19. (a) July 19-1943 (b) True W.F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from June 30 1943 to July 1 1943 that I last saw him alive on July 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Part of problem about 4 weeks Duration Sudden

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. XXX)
Address Lexington, Missouri Date signed 7-2-43

(Licensed Embalmer's Statement on Reverse Side)

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

54
0
0

54

MOTHER FATHER

1157

RECEIVED

District Health Officer No. 2

District File Number.....

Date Filed 10-43

MAR 30 1943

MAR 9 1943

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

W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address..... Wellington, Miss

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.