

Registration District No. **S.F.P. 1 279**

Primary Registration District No. **5443**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:  
His sister's home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 11 years

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles North of Stonyhill, Mo  
(If rural, give location) No

(e) Citizen of foreign country?.....No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HENRY DANIEL WEHMULLER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, ~~xxxx~~ Single

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

7. Birth date of deceased Jan 14 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	7	5	hr. min.
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9. Birthplace New Haven (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Wehmüller

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

14. Maiden name Barbara Cune

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

16. (a) Informant Mrs. Christ Humburg

(b) Address New Haven, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Evan. Cem

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1943 hour 5 minute OOP P.M.

21. I hereby certify that I attended the deceased from August 1, 1943 to August 19, 1943 that I last saw him alive on August 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to Arteriosclerosis unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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. or other) [Signature]  
Address [Signature] Date signed 8/21/43

MOTHER FATHER

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

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**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 Herman Blumer  
Licensed Embalmer No. 528  
P. O. Address Buier, 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.**