

FILED JAN 12 1944
10

State File No. _____
Registrar's No. 166

Registration District No. _____

Primary Registration District No. 5087

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town CENTRALIA, MO. R.F.D. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Curved In
(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 AUDRAIN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. CENTRALIA, MO. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN H. WICKELL

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, married, divorced MARRIED
6. (b) Name of husband or wife HATTIE (KEMP) WICKELL 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MAR. 12 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 13 hr. min.

9. Birthplace CLARK CO. MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name Louis Wickell
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name SARAH WINKLEBLAIS
15. Birthplace W. V. I.
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY WICKELL
(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof Nov 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. CARMEL

18. (a) Signature of funeral director Ellen G. Mansin
(b) Address 712 Court St. Fulton, Mo.

19. (a) 12/7/43 (b) Margaret H. Machie
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-15-43
to 11-24-43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to 94a
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)
23. Signature D. F. Baker (M. D. or other) D.O.
Address Centralia Mo Date signed 11-27-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-44-97

Date Filed JAN 11 1944

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

Alan J. Mangin

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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.