

No. 9-4-41  
5-17-39  
I X29484

FILED JUN 6 1944  
1940

Primary Registration District No. 5672

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town Rural, B. A. A. Falls  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jump  
(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 MO County Linn

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

(d) Street No. 4725 Park  
(If rural, give location)

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

3. (a) PRINT FULL NAME THAD ALBERT WICKLER

3. (b) If veteran, name war NO

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1944 hour 11-10 minute 17 P. M.

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

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mollie Wickler

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

7. Birth date of deceased. Dec 17 1880  
(Month) (Day) (Year)

Immediate cause of death Heart attack Duration.....

Due to Exhaustion

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9504

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

8. AGE: Years 69 Months 5 Days..... If less than one day..... hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Grand Wickler

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

14. Maiden name Henriette French

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

16. (a) Informant Mollie Wickler

(b) Address 4725 Park Grandview Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation new Buhlheim

18. (a) Signature of funeral director Biedermeier Funeral Home

(b) Address 1936 St Louis av

19. (a) 5-15-44 (Date received local registrar) (b) Miss Susan Reiss (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence May 14 1944

(c) Where did injury occur? Rural (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (c) Means of injury 5

23. Signature J. C. French (Name of other) French  
Address Grandview Mo May 14 1944

1125

JUN 7 1944 NAC

*one*  
*no. 11*  
*Be*

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-1-44

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 \_\_\_\_\_

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.