

FILED AUG 8 1944
116

State File No. _____

Registration District No. _____

Primary Registration District No. 3020

Registrar's No. 67

1. PLACE OF DEATH:

(e) County... Franklin
(b) City or town... Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 Locust St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 24 yrs.
years, months or days)

3. (a) PRINT FULL NAME

John Henry Wehr.

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Sophia Mathilda Wehr. 6. (c) Age of ~~husband~~ or wife if alive 74 years
7. Birth date of deceased July 11th, 1860.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 4 hr. min.

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

10. Usual occupation Retired Farmer.

11. Industry or business X

12. Name Carl Wehr.
13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Wuebbelmann.
15. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Wehr
(b) Address Washington, Mo.
17. (a) Burial (b) Date thereof July 18, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Nieburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 7/18/44 (b) Frank Rutherford Brooks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 617 Locust St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th,
year 1944 hour 9:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 4
1936 to July 15, 1944
that I last saw him alive on July 15 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio-sclerosis

Due to Heart Disease

Other conditions Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no autopsy

Duration
PHYSICIAN
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? X (Specify type of place) (e) Means of injury _____

23. Signature R. P. Castle, M.D. (M. D. or other) _____
Address Washington, Mo. Date signed 7-17-44

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

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SEP 20 1946

SEP 20 1946

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-5-44.....

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.....

Lester A. Vitt

Registered Apprentice No.

working under my personal supervision.

Signed.....

Lester A. Vitt

Licensed Embalmer No.

3254

P. O. Address.....

Washington, 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.