

FILED OCT 13 1944

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 22

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

130

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 204 W Virginia Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL.")

(d) Street No. 204 West Virginia Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HENRY H WILLBRANDT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 30 1944 to Oct. 1 1944

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary E Willbrandt

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 7 1868
(Month) (Day) (Year)

that I last saw ~~him~~ alive on Sept 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day

8. AGE: Years 73 Months 1 Days 24 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 9 months of death) _____

Major findings: Of operations None

Of autopsy None

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

10. Usual occupation Farmer Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name NOT KNOWN

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

14. Maiden name NOT KNOWN

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

16. (a) Informant Mary E Willbrandt

(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery Pleasant way

18. (c) Signature of funeral director Sweet Springs Mo

(b) Address _____

19. (a) Oct 3-44 (Date received local registrar) (b) Wm. D. Hoffmann (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 _____

(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) (c) Means of injury 0

23. Signature A. H. Ringen (M. D. or other) Address Sweet Springs Mo Date signed 10-3-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-11-44

OCT 23 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 Jerse Harvey
Licensed Embalmer No. 2514
P. O. Address Sweet Springs 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.