

FILED DEC 17 1944

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 234

Primary Registration District No. 5815

Registrar's No. 18

WRITE IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL LAWCREEK TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(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 MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MILES NORTH OF STOVER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER HARRY WAHLERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOV. 26 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER
Industry or business _____

12. Name JOHN WAHLERS

13. Birthplace MORGAN Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name KATIE HINKEN

15. Birthplace MORGAN Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant LANTIE WAHLERS

(b) Address STOVER MO.

17. (a) BURIAL (b) Date thereof NOV. 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEMETERY

18. (a) Signature of funeral director Ralph Stevenson

(b) Address _____

19. (a) NOV. 27 44 (b) Henry Kupp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 22 N.D.
year 1944 hour 2 minute 30 P.M. APPROX.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to _____

Due to _____
Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of 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 _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Stevenson Stover Mo.
Address _____ Date signed 11/28/44

1097 No. 7,
11-44-1406
Date filed 12-14-06

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 *J. L. Stevenson*
Licensed Embalmer No. *4073*
P. O. Address *Stover, 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.