

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAR 16 1945
Registration District No. 175383

Primary Registration District No. 5647

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. ✓
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Lorna Emma Wendler

3. (b) If veteran, name war None

3. (c) Social Security No. 496-01-3404

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Hilbert Wendler

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

7. Birth date of deceased May 9 1902
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>42</u> | <u>8</u> | <u>10</u> | hr. min. |

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

10. Usual occupation Telephone operator

11. Industry or business Telephone office

12. Name Jacob Deschner

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

14. Maiden name Emma Luade

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

16. (a) Informant Mrs Mildred Wendler

(b) Address Freistatt mo

17. (a) Burial (b) Date thereof Jan 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church Cem. Freistatt mo

18. (a) Signature of general director no

(b) Address Callaway - Mount mo

19. (a) 2/22/45 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1945 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Jan
1945, to Jan, 1945

that I last saw her alive on Jan 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 6 months

Due to 94a

Due to Hypertension

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

Major findings: ✓

Of operations: _____

Of autopsy: _____

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? _____
(Specify type of place)

Means of injury _____

23. Signature Frank Kern MD (M. D. or other) _____

Address Mount mo Date signed 1/29/45

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RECEIVED
District Health Officer No. 6,
District File Number 345-279
Date Filed MAR 13 1945

MAY 22 1945

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. 3179.....

P. O. Address.....
Monett 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.