S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20756

Registration District No. 175 — Primary Registration District No. 4276 — Registrar's No. 63

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Pierce City 55
(If outside city or town limits, write "RURAL") 4
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm Wessell
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Louise Wessell
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb (Month) 23 (Day) 1882 (Year)

8. AGE: Years 63 Months 3 Days 17. If less than one day hr. min.

9. Birthplace Jackson Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Undertaker
11. Industry or business Funeral
FATHER
12. Name Wm Wessell
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Matilda Altenthal
15. Birthplace Germany (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs Louise Wessell
(b) Address Pierce City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City
18. (a) Signature of funeral director G. E. Cuber
(b) Address Carroll Mo
19. (a) 6-12-1945 (Date received local registrar) (b) Grace Greenley (Registrar's signature) a m

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	6 mon
Due to	
Due to	
Other conditions High Blood Pressure	1 yr
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature E. B. Wright (M. D. or other)
Address Pierce City Mo Date signed 6-10-45

115.6 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 245-266
Date Filed JUL 11 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 H. E. Cuber

Licensed Embalmer No. 35-84

P. O. Address Cassville 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.