. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9019

Registration District No. 110 Primary Registration District No. 4181 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: His Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. -0-
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME FRITZ WISSMANN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, ~~widowed, married, divorced~~ single

6. (b) Name of husband or wife -0-

6. (c) Age of husband or wife if alive -0- years

7. Birth date of deceased Jan. (Month) 17 (Day) 1871 (Year)

8. AGE: Years 75 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Milling

FATHER
12. Name Simon Wissmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Fredericka Wollbrink
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Gustav Dieterle
(b) Address Berger, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem, Berger

18. (a) Signature of funeral director Paul H Blumer
(b) Address Berger, Mo.

19. (a) Mar. 21 1946 (Date received local registrar) (b) Jeffie A. Grannemann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1946 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him alive on March 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(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 place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. A. Pace (M. D. or other) DO

Address Berger Mo Date signed 3/20/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-10-46

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 Herman Blomer

Licensed Embalmer No. 528

P. O. Address Berger 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.