

FILED JUN 12 1948

Registration District No. 34

Primary Registration District No. 372

State File No.

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Phillip Wenzel

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

4. Sex M 5. Color or race W
6. (b) Name of husband or wife ELIZA JANE
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased 2 2 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 2
If less than one day hr. min.

9. Birthplace Quincy Ill.
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name William Wenzel
13. Birthplace Unknown
(City, town or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Ross Jones
(b) Address Brunswick Mo
17. (a) Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director J. A. Coulter
(b) Address Brunswick Mo

19. (a) 5-4-46 (b) T. O. Wetzel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 21
(c) City or town Brunswick
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1946 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from April 24, 1946, to May 3, 1946
that I last saw him alive on May 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 46

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature P. L. Lawless (M. D. or other)
Address Main Hall Mo Date signed 5-4-46

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

17989

7
1
2

274

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-11-42

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 *John A. Caillon*

Licensed Embalmer No. *4387*

P. O. Address *Brunswick, 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.