

U. S. No. 2  
FORM-3-43  
Rev. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36260**  
Registrar's No. **374**

**FILED NOV 26 1946**  
47  
Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:  
(a) County **Calloway**  
(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital No 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 mo 2 days**  
(Specify whether years, months or days) **name**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Saline**  
(c) City or town **Blackburn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **AUGUST, L. WESSELL**  
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 **NO N 12**  
6. (c) Age of husband or wife if alive **7** years  
7. Birth date of deceased **Feb 7 1898**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **8**  
If less than one day hr. min.

9. Birthplace **Morgan Co. Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **laborer**

MOTHER FATHER

11. Industry or business  
12. Name **Henry Wessell**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Wessell**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Records Steel Corp**  
(b) Address **Fulton Mo**  
17. (a) **Burial** (b) Date thereof **Nov. 16, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Springs, Mo**

18. (a) Signature of funeral director **Glen G. Maupin**  
(b) Address **512 Court St. Fulton, Mo**  
19. (a) **Nov. 16, 1946** (b) **Joac Mosekoff**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**  
year **1946** hour **2** minute **20** A.M.  
21. I hereby certify that I attended the deceased from **Sept 13**  
**1946** to **Nov 10 1946**  
that I last saw him alive on **Nov 10**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**  
Duration

Due to  
Due to

Other conditions **Cardio Renal Disease**  
(Include pregnancy within 3 months of death)  
**arterio sclerosis**

Major findings:  
Of operations  
Of autopsy **131A**  
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 **Joseph Imperatore** M.D. or other  
Address **Fulton Mo** **11/16/46**  
**Furness**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11-25-46

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 *Glen G. Mansin*  
Licensed Embalmer No. *2725*  
P. O. Address *Fulton, 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.