

FILED JAN 16 1947

State File No.

Registration District No.

Primary Registration District No. 4020

Registrar's No.

1. PLACE OF DEATH:

(a) County Wendover Co. Mo.
(b) City or town Martinsburg Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wendover
(c) City or town Martinsburg
(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

3. (a) PRINT FULL NAME

ANDREW VIKALE

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov-26-46 1946, to Dec 31 1946

that I last saw him alive on Dec 31-1946 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Infarction

Due to Chronic Bright's disease 5 yrs.

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?

While at work? (Specify type of place) (e) Means of injury D.

23. Signature R. E. Stueford (M. D. or other) Address Wendover Mo. Date signed 1-6-47

4. Sex male 5. Color of hair br. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife if alive Ettaude Vikale 6. (c) Age of husband or wife if alive Sept-29-1861 years

7. Birth date of deceased (Month) Sept (Day) 29 (Year) 1861

8. AGE: Years 85 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Utah (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer

11. Industry or business Metal Work.

12. Name Stephen Wallner

13. Birthplace Utah (City, town or county) (State or foreign country) 4

14. Maiden name Etta Wadell

15. Birthplace Utah (City, town, or county) (State or foreign country) 4

16. (a) Informant J. F. Schale

(b) Address Wellsville Mo.

17. (a) Burial (b) Date thereof 1-7-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg Mo.

18. (a) Signature of funeral director F. B. Hallist

(b) Address Wellsville Mo.

19. (a) Jan. 8. 47 (b) Mrs. Joe Carter (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAR 7 1947

RECEIVED
District Health Office No. 10
District File Number 44-72
Date Filed JAN 14 1947

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 Self.

....., Registered Apprentice No.
working under my personal supervision.

Signed A. B. Wells.

Licensed Embalmer No. 1588

P. O. Address Wellesville 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.