

FILED MAY 8 3 1947

Registration District No. 381

Primary Registration District No. 5211

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Braymer, (Washington Twn.)
(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 54 yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Braymer, (Bray)
(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 Clara Thressa Wetzel

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

4. Sex Fe. / 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Wetzel 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 28, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1947 hour 3 minute 00a. M.

21. I hereby certify that I attended the deceased from Apr. 16 1947 to Apr 19 1947 that I last saw her alive on Apr. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis Duration not known

8. AGE: Years 70 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Nora Springs, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John W. Deach

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

14. Maiden name Lucinda Reed

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

16. (a) Informant Frank Wetzel

(b) Address Braymer, Mo

17. (c) Burial (b) Date thereof 4-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth Cem.

18. (a) Signature of funeral director Samuel J. Mead

(b) Address Braymer, Mo

19. (a) 4-21-47 rons Rep. Henderson
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97

Of autopsy none

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 0

23. Signature Harry H. Patterson (M. D. or other) 4-19-47
Address Braymer, Mo Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. b.

District File Number.....

Date Filed 5-9-47

MAR 12 1954

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 Sumner F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.