

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16844**

FILED MAY 16 1947

Registration District No. **6-5**

Primary Registration District No. **4113**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **CHARITON**
(b) City or town **BRUNSWICK**
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CHARITON**
(c) City or town **BRUNSWICK**
(If outside city or town limits, write "RURAL") **/**
(d) Street No. _____
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN M. WOHLGEMUTH**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-12-1710**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **FEBRUARY 6 1883**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 64 | 2 | 20 | _____ hr. _____ min. |

9. Birthplace **TRIPLETT - MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **CARPENTER**

12. Name **JACOB WOHLGEMUTH**

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

14. Maiden name **MARY PEDLICK**

15. Birthplace **MARINE ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. R. WOHLGEMUTH**

(b) Address **TRIPLETT MO.**

17. (a) **BURIAL** (b) Date thereof **4-29-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BOSWORTH MO.**

18. (a) Signature of funeral director **L. M. Weisel**

(b) Address **BRUNSWICK MO.**

19. (a) **4-28-47** (b) **mildred Boone**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **26** TH
year **1947** hour **8** minute **45** ^{P.} M.

21. I hereby certify that I attended the deceased from **April, 22**
1947 to **April, 26** **1947**
that I last saw him alive on **April, 26** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis** **terminal**

Due to **Hypertension** **10yrs.**

Due to **Chronic Nephritis** **4yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131B**
4 Of operations

Of autopsy _____
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 **J. P. Fowler** (M.D. member)

Address **Brunswick, Mo.** Date signed **4/28/47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

1947 JUN 5-15-47

JUN 4 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.....

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

Signed..... *L. M. Merrill*.....

Licensed Embalmer No..... *822*.....

P. O. Address..... *Brunswick M*.....

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.