No. 2
-12-45
-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17061

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural - Merrimac
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Beaufort R#2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 2 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural Merrimac
(If outside city or town limits, write "RURAL")

(d) Street No. Beaufort R#2 Twp
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA ~~Charlotte~~ Wilmesherr

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Wilmesherr

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August (Month) 23 (Day) 1869 (Year)

8. AGE: Years 77 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Home

FATHER
12. Name Henry Wm Vogt
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Louise Meyer
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Clarence Weirich
(b) Address Beaufort, Mo R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Nieburg & Vitt Inc
(b) Address Washington, Mo

19. (a) 6-1-47 (Date received local registrar) (b) C. C. Trautar (Registrar's signature) 97

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 15 JAN, 1946, to 30 MAY, 1947 that I last saw her alive on 16 MAY, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	12 hrs
Due to Coronary sclerosis	unknown
Due to Arteriosclerosis general	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B J Macauley M.D. (M. D. or other)

Address Gerald Mo Date signed 5-20-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 9 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~~ Jerome F. Svoboda, Registered Apprentice No. 441, working under my personal supervision.

Signed Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, 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.