No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2177
Primary Registration District No. 3060
Registrar's No. 2

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry Ernest Wichman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced m 1
6. (b) Name of husband or wife Myrtle Welker
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov. 30 1885 (Month) Farmington (Day) Missouri (Year)

8. AGE: Years 58 Months 1 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Farmington, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation lead Miner
11. Industry or business

FATHER
12. Name Ernest Wichman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Huffmeister
15. Birthplace Iron Mountain, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Wichman
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run Memorial
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo
19. (a) 1-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 2901

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1948 hour 1 minute 15 a M.
21. I hereby certify that I attended the deceased from June 1945, 19....., to Jan 8, 1948
that I last saw him alive on Jan 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
acute Coronary occlusion Rt.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Cy 4 A

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature [illegible] (M. D. or other) Md.
Address 501 E. Farmington Mo. Date signed 1-9-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
Case File Number 148-94
Filed 1-19-48

FEB 24 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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

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.