No. 2
—1/47
5-17-39

5

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5514

State File No. .....

Registration District No. 210 — Primary Registration District No. 4322 — Registrar's No. 117

1. PLACE OF DEATH:

(a) County: Mercer
(b) City or town: Princeton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lambert (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 5 days (Specify whether
In this community: 5 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison 41
(c) City or town: Ridgeway Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: Trail Creek twp. (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: No.

3. (a) PRINT FULL NAME: Garland Roy Wethered
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Katheryn
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: August (Month) 10 (Day), 1916 (Year)

8. AGE: Years 31 | Months 6 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business: —

FATHER
12. Name: Rufus D. Wethered
13. Birthplace: Afton (City, town, or county), Iowa (State or foreign country) 1

MOTHER
14. Maiden name: Louie Hillyard
15. Birthplace: Harrison County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Katheryn Wethered
(b) Address: Ridgeway, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah, Mo.
18. (a) Signature of funeral director: M. B. Hess
(b) Address: Bethany, Mo.
19. (a) 3-2-48 (Date received local registrar) (b) M. J. Pritt (Registrar's signature) 392 Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~February~~ March day 1 year 1948 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from February 25, 1948 to March 1, 1948 that I last saw him alive on March 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkin's disease	3 yrs
Due to	
Due to	
Other conditions: Anemia (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations: 44B
Of autopsy:

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) 0
While at work? (e) Means of injury

23. Signature: Marian Lambert (M. D. or other) M.D.
Address: Princeton, Mo. Date signed: 3/1/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.