

FILED SEP 16 1948

State File No. _____

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Canaan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North of Rosebud
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Lifetime (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Rosebud
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter Bernhart Wehmeyer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Gehrke Wehmeyer 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 24 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Rosebud Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business _____

12. Name Henry Wehmeyer

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

14. Maiden name Minnie Winter

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

16. (a) Informant Louis Wehmeyer

(b) Address Rosebud, Mo.

17. (a) Burial (b) Date thereof 8-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Rosebud

18. (a) Signature of funeral director Melford W. Winter

(b) Address Owensville, Mo.

19. (a) Sept. 5, 1948 (b) Dorothea Hackman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 4 minute 8 A.M.

21. I hereby certify that I attended the deceased from Aug. 13 1948 to _____ 1948

that I last saw him alive on Aug. 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 Hrs.

Due to _____

Other conditions Rt Hemiplegia - Due to Hypertension
(Include pregnancy within 3 months of death)

Major findings None

Of operations None

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 _____

23. Signature Louis Wehmeyer (M. D. or other) _____

Address Owensville, Mo. Date signed 8-13-48

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

District Health Officer No. 9,
District File Number
Date Filed SEP 14 1948

SEP 14 1948

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.....

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

Signed..... *Milford N N Winter*,
Licensed Embalmer No..... 3838,
P. O. Address..... Owensville, 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.