

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 172

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33422

Primary Registration District No. 4270

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Douglas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community here _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LOUIS WAHL

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

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased June 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Douglas MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Larrison Wahl

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

14. Maiden name Sophie Larnet

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

16. (a) Informant Mrs Mary Wahl

(b) Address Douglas MO

17. (a) Burial (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas MO

18. (a) Signature of funeral director J. J. Grunzel
(b) Address Lafayette MO

19. (a) 10-18-48 (b) Clayton H. Sanderson
(Date received local registrar) (Registrar's signature) 1511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour _____ minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 8-1 1948 to Sept 8-16 1948
that I last saw him alive on 8-16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal Disease Duration 1 year

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo A. Kelley (M. D. optional)

Address Waverly MO Date signed 8/17/48

In file

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 11-8-48.....

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 James J. Gumpel.....

Licensed Embalmer No. 32175.....

P. O. Address Lexington, 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.