

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20787**

FILED JUN 21 1955

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **6091** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE. (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMMA	c. LENGTH OF STAY (in this place) 54 yrs	c. CITY OR TOWN EMMA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION No STREET ADDRESS		STREET ADDRESS (If rural, give location) No STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) _____ c. (Last) WEHRS		4. DATE OF DEATH (Month) (Day) (Year) June 17 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 18, 1874
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) LA FAYETTE County MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME HENRY PETER BUEHL	13b. MOTHER'S MAIDEN NAME DORAZIE BRACKMAN	14. NAME OF HUSBAND OR WIFE WILLIAM WEHRS DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Hugo WEHRS ADDRESS Concordia Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocarditis *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (a) _____ DUE TO (b) Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 years	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) Emma (COUNTY) Saline (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 8, 1952 , to June 17, 1955 , that I last saw the deceased alive on June 17, 1955 , and that death occurred at _____ m. From the causes and on the date stated above.			
23a. SIGNATURE J. P. Grand (Degree or title) M.D.	23b. ADDRESS Emma Mo.	23c. DATE SIGNED 6-18-55	
24a. BURIAL (CREMATION) REMOVAL (Specify) BURIAL	24b. DATE June 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Holy Cross	24d. LOCATION (City, town, or county) (State) EMMA MO
DATE REC'D BY LOCAL REG. June 18, 1955	REGISTRAR'S SIGNATURE Mary Maselard	509	25. FUNERAL DIRECTOR'S SIGNATURE E. S. James ADDRESS Concordia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. S. James

Licensed Embalmer No. *205*

P. O. Address *Corvallis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.