

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31215
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 109
(c) City Kansas City (d) Street No. Trinity Lutheran Hospital Registered No. 3512
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

REV. WILLIAM R. WEAKLEY 7/21/11
(a) Residence, No. Hardin Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertrud Weakley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobville Mo

13. NAME J. S. Weakley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pan

15. MAIDEN NAME Mary Vincent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leun

17. INFORMANT (ADDRESS) Gas Emma Marrow Hollsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo DATE Sept 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Kopschell Hadwin Mo

20. FILED Sept 6, 1938 M. A. Crowe Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 31, 1938, to SEPT. 6, 1938
I last saw him alive on SEPT. 5, 1938 Death is said to have occurred on the date stated above, at 3:55 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Coronary Sclerosis

Name of operation E.C.B. Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C. Lee

(Address) 7310 Professional Bldg Kansas City 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.