

REC'D JUN 14 1939

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

18217
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 153
(c) City Fulton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Weeps
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1861
7. AGE YEARS 77 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
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) etc 11. Total time (years) spent in this occupation etc

12. BIRTHPLACE (CITY OR TOWN) Fulton (STATE OR COUNTRY) Missouri

13. NAME Joseph Weeps

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

15. MAIDEN NAME Mary Dawson

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

17. INFORMANT Ernest Weeps (ADDRESS) Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cem. DATE June 6 1939

19. FUNERAL DIRECTOR (NAME) Geo. J. DeLoraine (ADDRESS) Fulton, Missouri

20. FILED June 5 1939 A. T. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 3 to June 7 1939
I last saw him alive on June 4 1939. Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
with acute dilatation

Other contributory causes of importance:
Atherosclerosis
Cardiac Asthenia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) A. T. Crews M. D.
(Address) Fulton, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Harold J. Christey*
Licensed Embalmer No. *4002*
P. O. Address *Dutton, 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, above space should be left blank.