

REC'D SEP 20 1939

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

29099
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
(b) Township Central Primary Registration District No. 5409R Registered No. _____
(c) City Union - R. Route Street No. _____
(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 Sophie C. Weber

(a) Residence, No. Union, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelius Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Beaufort
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Lottmann

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

MOTHER 15. MAIDEN NAME Carolina Kaase

16. BIRTHPLACE (CITY OR TOWN) Krakow
(STATE OR COUNTRY) Missouri

17. INFORMANT Cornelius Weber
(ADDRESS) Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL I.C.C. Cemetery
PLACE Union, Mo. DATE 8/14/39

19. FUNERAL DIRECTOR (NAME) Union Funeral Home
(ADDRESS) Wm. H. Horn, Union, Mo.

20. FILED 9-9-39 Missouri
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug 11, 1939
last saw her alive on 9, 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Continued of the lt. artery
Other contributory causes of importance: Ht

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 _____ M. D.
(Signed) J. P. Washburn
21.7 (Address) Washington 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.....

W. J. Stone

Licensed Embalmer No. *3175*

P. O. Address *Union Mo.*

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.