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.

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

39113
Do not use this space.

REGD DEC 10 1939

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township
(c) City St. Joseph,
(d) Street No. Missouri Methodist Hospital, 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001 Registered No. 1278

2. PRINT FULL NAME John Adam Weimer,
(a) Residence, No. 2615 Felix St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

5.0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mabel Weimer,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 22, 1891
7. AGE: YEARS 48 | MONTHS 10 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hog Buyer,
9. Industry or business in which work was done, as saw mill, bank, etc. Packing House,
10. Date deceased last worked at this occupation (month and year) December 1939.
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottumwa, Iowa,

FATHER
13. NAME: John Adam Weimer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottumwa, Iowa,

MOTHER
15. MAIDEN NAME: Emma Schworm,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottumwa, Iowa,

17. INFORMANT (ADDRESS): Mrs Mabel Weimer 2615 Felix Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago, Ills. DATE Dec. 11, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton Be Gole & Bowman 319 So. 10th. Str.
20. FILED Dec. 11, 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939 to Dec 10, 1939
I last saw him alive on 12-10, 1939. Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:
multiple Cerebral Hemorrhage — Date of onset 2 mos
Other contributory causes of importance: Cerebral Arteriosclerosis (?)
Name of operation None Date of
What test confirmed diagnosis? Findings Was there an autopsy? No
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) H. W. Clark, M. D.
(Address) St Joseph 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, Dec. 10, 193

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th, St Joseph

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

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