

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2971

FEB 17 1940
Registration District No. 308

Primary Registration District No. 3026

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Livingston 2
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luticia A. Weidner8. (b) If veteran, ✓ name war ✓ 8. (c) Social Security No. ✓4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Miriam Weidner 6. (c) Age of husband or wife if alive ✓ years7. Birth date of deceased July 4 1851
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 7 0 ✓ hr. ✓ min.9. Birthplace Livingston Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At home11. Industry or business ✓12. Name Luther Coburn 013. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Patterson
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Albert Sheard
(b) Address17. (a) Burial (b) Date thereof Feb. 6, '40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burnside Cem.18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.19. (a) 2-6-40 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0 Missouri
 (a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1940 hour 6 minute 00 P.M.21. I hereby certify that I attended the deceased from July
1934, to 2-3-40, 1940
that I last saw her alive on 2-3- 1940
and that death occurred on the date and hour stated above.Immediate cause of death Vascular Hypertension Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
Accidental, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury ✓23. Signature Reuben ... (M. D. or other) ✓
Address Chillicothe Mo. Date signed 2-5-40

RECEIVED
District Health Officer No. 11,
District File Number 240-183
Date Filed FEB-14 1940

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

James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lehighville Pa

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.