

Registration District No. 651240

Primary Registration District No. 5826

Registrar's No. 794

1. PLACE OF DEATH: Perry Co. Mo.
 (a) County Perry
 (b) City or town Rural
 (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 2
64-11-25 (Specify whether
 In this community years, months or days)

8. (a) PRINT FULL NAME Barbara Weiss
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife August Weiss 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Feb. 26 1875
 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Schott
 13. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elizabeth Zent
 15. Birthplace Bollinger Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arnold Weiss

(b) Address 548 S. Kemmerle Cafe Bldg.

17. (a) Burial (b) Date thereof Feb. 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Feb. 24-1940 (b) M. Arthur Mueckel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 21 day
 year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 13 1939 to Feb 20 1940
 that I last saw her alive on Feb 20 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart
 Duration _____

Due to Mitral regurgitation

Due to Rheumatic Fever

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, 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? 504

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Wm. J. Bailey (M. D. or other) M. D.

Address Perryville Date signed 2/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

REV. 3-17-39 I 419511

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7683**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **659**

Primary Registration District No. **5876**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Chapel Home Ins**
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINCE FULL NAME **Barbara Weiss**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Feb 24 - 1940** (b) **Martin Moeckel** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month **Feb** day **21** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
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:
(a) Accident, 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) (c) Means of injury _____

23. Signature **Wm H. Bailey** (M. D. or other) _____
Address **Perryville Mo** Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL CERTIFICATION

