

FILE APR 8 1940

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

12067
Do not use this space.

1. PLACE OF DEATH *Platte*

(a) County *Platte* Registration District No. *698*

(b) Township *Weston* Primary Registration District No. *4420* Registered No. _____

(c) City *Weston* (d) Street No. _____ St. _____

(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 *Donald H. Weigman 2*

(a) Residence, No. *Weston* St. (If nonresident, give city or town and State)

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 *Opal*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>37</i>	<i>4</i>	<i>17</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Night Watch*

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) *Weston* (STATE OR COUNTRY) *Mo 0*

FATHER

13. NAME *George Weigman*

14. BIRTHPLACE (CITY OR TOWN) *Weston* (STATE OR COUNTRY) *Mo 0*

MOTHER

15. MAIDEN NAME *Messie Robbins*

16. BIRTHPLACE (CITY OR TOWN) *Weston* (STATE OR COUNTRY) *Mo 0*

17. INFORMANT *Harry Weigman* (ADDRESS) *Weston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Laural Hill* DATE *Mar 12 1940*

19. FUNERAL DIRECTOR (NAME) *Bill Mortuary* (ADDRESS) *Weston Mo*

20. FILED *3/11 1940* *J. H. Bond* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 10 1940*

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *12.30A* m.

The principal cause of death and related causes of importance were as follows:

Shot through heart by another party, having a revolver, firing the fatal shot.

Date of onset _____

Other contributory causes of importance: *17th*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Homicide* Date of injury *3/10 1940*

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? *Y*

If so, specify _____ (Signed) *Leland H. Francis* *Coroner* M. D. *Platte* *County*

(Address) _____

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 impo

RECEIVED

District Health Officer No. 11,

District File Number

440-434

Date Filed

APR 3 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.....

Licensed Embalmer No.....

P. O. Address.....

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. 12067

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 698

Primary Registration District No. 4420

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston
(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) PRINT FULL NAME Donald H. Weigman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 23 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>17</u>	by _____ 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-11-1940 (b) JH Miller
(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 Nov day 10
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; 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 Leland H. Francis (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1940

S-12067