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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14712

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town ~~Boonville Mo~~ (If outside city or town limits, write "RURAL")
(d) Street No. Pilot Grove "Rural" (If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 yrs years.

3. (a) PRINT FULL NAME FETER JOHN WEBER

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct (Month) 6 (Day) 1882 (Year)

8. AGE: Years 57 Months 6 Days 29 If less than one day ✓ hr. ✓ min.

9. Birthplace St Clemens Ontario, Canada (City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business same

FATHER
12. Name John George Weber
13. Birthplace St Clemens Ontario Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Esbaugh
15. Birthplace St Clemens Ontario Canada (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Weber Ont Hamilton
(b) Address 483 Barnesdale Ave N
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill
18. (a) Signature of funeral director Hays & Painter By P E Hays
(b) Address Pilot Grove, Mo
19. (a) 5-6-40 (Date received local registrar) (b) Dr Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1940 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from May 1, 1940, to May 5, 1940; that I last saw him alive on May 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 Days
Due to Arterial Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
1 Of operations
2 Of autopsy

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

23. Signature J. D. Boley (M. D. ~~or other~~)
Address Pilot Grove, Mo Date signed 5-6-40

(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, or by Myself, Registered Apprentice No. —
working under my personal supervision.

Signed Peyton E. Hay

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

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

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