

U.S. No. 1-11-10-39
5-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25389

State File No. _____

Registration District No. 464

Primary Registration District No. 5558

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jackson Wash. Term

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2400 E. 85 Street ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 4 34 Years
years, months or days

3. (a) PRINT FULL NAME Mr. William H. Weis 2nd

8. (b) If veteran, name war No

3. (c) Social Security No. 495-05-1589

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Clara Weis

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 14, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 3 6 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Western Ice Service

12. Name John A. Weis

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

14. Maiden name Martha A. Dobb

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

16. (a) Informant Wallace J. Weis

(b) Address 4120 Wauwack Blvd

17. (a) Burial (b) Date thereof July 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Tusomek

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-9-40 (b) Roger Wheeler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5125 Lydia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that attended the deceased from _____ 19____
that has been in all of _____ 19____
and that occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Acute pulmonary congestion
Hypertrophy of the heart
Diffuse myocardial fibrosis
Coronary sclerosis

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? _____

23. Signature Dr. H. A. ... (M. D. or other) 5
Address K.C. Mo. Date signed _____

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

48

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3811
Bureau of Health

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 *A. C. Newcomer Jr.*
Licensed Embalmer No. 4043
P. O. Address *K.C. 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.