

RECORDED NOV 12 1940  
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1818 Washington 2  
(If not in hospital or institution, write street number or location)

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

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Louise Weber

3. (b) If veteran, name war X X

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife George J. Weber

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

7. Birth date of deceased: July (Month) 20 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>2</u>	<u>13</u>	hr. min.

9. Birthplace Boonville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home 9

11. Industry or business 9

MOTHER FATHER

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "No Record (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Nicholas Weber

(b) Address 1818 Washington

17. (a) Burial (b) Date thereof 10-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address R. C. Mo.

19. (a) 10-4-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 Washington  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd  
year 1940 hour 1940 minute 11:15 P. M.

21. I hereby certify that I attended the deceased from Dec 1st  
1939 to Oct 3rd 1940  
that I last saw her alive on Oct 4th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 93M

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

Major findings:  
Of operations non

Of autopsy ✓

Duration

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) no

(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) (e) Means of injury ✓

23. Signature M. F. Lowell (M.-D. or other)

Address 1100 G. Bonjour Date signed 10-5-40

**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. R. Haunschild*

Licensed Embalmer No. ....

*4159*

P. O. Address.....

*K. E. MD.*

**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, fact should be so stated above.**