

No. 2
4-12-40
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FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1890
Registrar's No. 120

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH BUCHANAN
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution STATE HOSPITAL No. 2
(d) Length of stay: In hospital or institution 35 years 3 mo 25-26 days
In this community 35 yrs 3 months, 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. ?
(e) If foreign born, how long in U. S. A. about 57 0 years.

3. (a) PRINT FULL NAME MAURICE F. WEYMAN
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28
year 1941 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from January 15 1941 to January 28 1941
that I last saw him alive on Jan. 28 1941
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife No information
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 23 1863
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema
Due to Hypertensive Cardiovascular Disease
Due to hemorrhage from hentriculostrat artery
Arteriosclerosis of
Other conditions (Include pregnancy within 3 months of death) 93 W
Major findings: Of operations no operation
Of autopsy no autopsy

8. AGE: Years 77 Months 9 Days 5
If less than one day hr. min.
9. Birthplace Saxony, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Physician
11. Industry or business
12. Name T. Schoene Weyman
13. Birthplace unknown Germany
14. Maiden name Wilhelmina
15. Birthplace unknown Germany

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

16. (a) Informant Records State Hosp # 2
(b) Address St. Joseph, Mo.
17. (a) Burial (b) Date thereof 1-30-41
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Flannan & Low Inc
(b) Address St. Joseph, Mo.
19. (a) Jan 30 1941 (b) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature D. P. Johnson (M. D. or other) D. D.
Address State Hosp # 2 Date signed 1-28-41

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

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 _____

Carl W. Haase

Licensed Embalmer No. *3955*

P. O. Address *St. Joseph, 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, fact should be so stated above.