DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2107

FEB 14 1941

Registration District No. 121

Primary Registration District No. 3-0095/77

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) ~~City or town~~ Cape R.F.D. # 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cape R.F.D. # 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community about 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Cape R.F.D. # 1 (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Isabelle Weimer

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Weimer

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

7. Birth date of deceased September (Month) 25th (Day) 1869 (Year)

8. AGE: Years 71 Months 3 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Mine LaMonte (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Francis Simino
13. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosena Polete
15. Birthplace Jefferson County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature John Weimer

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-08-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chapel Cemt.

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 1-9-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-6, 1941, to 1-6, 1941 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio	
Due to Ch. Cardiac Valvular Dis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92 W

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 [signature] (M. D. or other) [initials]

Address Cape Girardeau Date signed 1/9/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....Howard L. Hasman.....

Licensed Embalmer No.....4122.....

P. O. Address.....Cape Girardeau.....

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

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