

No. 2  
4-13-40  
5-17-39  
D-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6045  
Registrar's No. 817

Registration District No. 399

Primary Registration District No. 1002

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2512 Denver  
(d) Length of stay: In hospital or institution 20 Years  
In this community 20 Years

3. (a) PRINT FULL NAME John F. Weibel  
3. (b) If veteran, name war No  
3. (c) Social Security No. 488-03-1434

4. Sex Male  
5. Color or race White  
6. (b) Name of husband or wife Nellie  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased April 25, 1882

8. AGE: Years 58 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Eudora Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Columbian Steel Tank

12. Name John F. Weibel  
13. Birthplace Indiana

14. Maiden name Anna Henning  
15. Birthplace Switzerland

16. (a) Informant Nellie Weibel  
(b) Address 2512 Denver

17. (a) Burial (b) Date thereof Feb. 27, 1941  
(c) Place: burial or cremation McClouth Kansas

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) 2/25/41 (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,  
(d) Street No. 2512 Denver  
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month Feb. day 25,  
year 1941 hour 7 minute 20 M.  
21. I hereby certify that I attended the deceased from 3-14, 1941 to Feb 25, 1941;  
that I last saw him alive on Feb 24, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertension  
Other conditions 12th rib  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_  
(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 D  
23. Signature Edward H. Hughes  
Address 522 Park Bldg. Kansas City, Mo.

*L. C. No.*

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**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.....

*W. O. Bleckman*

Licensed Embalmer No. *3639*

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