

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18479

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 10

1. PLACE OF DEATH

(a) County Montgomery  
(b) City or town Montgomery City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Unknown  
(c) City or town Salem Iowa  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from  
May 5, 1941 19 to May 5, 1941 19  
that I last saw h. alive on \_\_\_\_\_ 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary oedema, cause not determined Duration 1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Budd Weir (M. D. or other) \_\_\_\_\_  
Address Montgomery City, Mo Date signed 5-6-41

3. (a) PRINT FULL NAME ALVEY TIMOTHY WIDDLEFIELD

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 15 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Lincoln Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name L.A. WIDDLEFIELD

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. H.A. Kester

(b) Address Salem Iowa

17. (a) Removal (b) Date thereof 5-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Removal to Columbia Mo

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

(b) Address Montgomery City Mo

19. (a) May 6, 1941 (Date received local registrar) (b) Budd Weir (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**